



Long Island Lions Eye Foundation, Inc.
900 Franklin Ave Valley Stream, NY 11580

Tree of Life
Participation Form



Date _____
Name _____ Telephone number _____
Email: _____
Address _____
City, State, Zip _____

Please use the box below to provide your memorial inscription. We recommend a maximum of 5 lines, 20 characters per line using the 2nd line for a name and the 5th line as a date. The wording should be concise, simple and kept under 100 characters in total. Please note that spaces count as a character.

Sample
In Memory of
Tabatha Hope
Always in our thoughts
Forever in our hearts

Please Print Clearly

Please indicate your choice by placing a check in column to the left of your choice

<input type="checkbox"/>	Gold Leaf	\$300	<input type="checkbox"/>	Foundation Stone	\$2,000
<input type="checkbox"/>	Acorn	\$1,000	<input type="checkbox"/>	Mini Tree	\$5,000

Enclosed is my check for \$ _____ made payable to: Long Island Lions Eye Foundation, Inc

Please mail payment and this form to:
Lions Eye Bank
900 Franklin Ave
Valley Stream, NY 11580

OR



Please indicate your Paypal payment by checking box

For further information contact the Lions Eye Bank
Email: eyebank@northwell.edu or Phone 516-256-6990

*Long Island Lions Eye Foundation, Inc. is a 501(c)3 Charity Corporation.
All donations are tax deductible as allowed by law*

Visit us at: www.lebli.org