

*You are cordially invited
to attend the*

Massachusetts Lions Eye Research Fund, Inc.

***73rd Annual
Lions Appreciation
&
Awards Banquet***

2024 - 2025

MLERF President Beverly Dillon, PDG

Welcome all Lions, Researchers and Guests!!!

**We will be acknowledging Club contributions to MLERF,
introducing our new MLERF officers and directors,
recognizing the researchers who will be receiving our 2023-2024 grants,
and recognizing individual Lions for their committment to MLERF.**

Saturday, August 2, 2025

11:00am - Social Hour

12:00 - Luncheon

Awards Ceremony immediately following luncheon

DoubleTree Hilton Milford

11 Beaver Street

Milford, MA 01757

508-478-7010

**Click here for room reservations or visit
<https://www.hilton.com/en/attend-my-event/masslions-eyeresearchawards/>
over...**



\$35.00 per person

RSVP for meals by July 15, 2025

The Annual Awards Banquet is a celebration of all Lions Clubs and their support of MLERF over the past year. If your Club has donated \$5,000 or more this past year, *or reaching* lifetime donations of \$200,000, \$300,000, \$400,000, \$500,000, or \$600,000, the Club is eligible for two (2) complimentary meals. Clubs earning complimentary meals **MUST** still register with the attendee's names and meal choices below.

We hope you will be in attendance to support the new officers and directors, to honor all clubs who make our research grants possible, and support the researchers who are helping us to eradicate blindness.

Please complete the registration form below and mail with a check for \$35.00 per meal, made payable to MLERF. Reserved tickets will be available at the check-in table upon arrival.

Should you have any questions, please contact President Bev Dillon at 508-208-9349 or email her at bev Dillon497@gmail.com.

RESERVATIONS DUE NO LATER THAN JULY 15, 2025

Name: _____ Title/Club Position: _____

Club Name: _____ District: _____

Guest Name: _____ Title/Club Position: _____

Address: _____ City/ST/Zip: _____

Email: _____ Phone: _____

Reservations will be acknowledged by email.

Mail completed form with your check to: PCST Pat Salvas, 11 Simpson Ave., South Attleboro, MA 02703 or scan in a copy and email to: patlarry1980@comcast.net.

MEAL SELECTION: Baked Stuffed Chicken: _____ Baked Haddock: _____
Gluten-Free Chicken: _____ Gluten-Free Fish: _____ Veg/Vegan Pasta Primavera : _____

of complimentary tickets being used: _____ x \$0.00 = \$ 00.00

of paying Attendees: _____ x \$35.00 = \$ _____

Total Attendees: _____ Total \$ _____ Check # _____