



LIONS HEARING RESEARCH FELLOWSHIP APPLICATION

DONOR:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Club Name: _____

RECIPIENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Check:

- Individual Fellowship= Gift totaling \$1000.00 made by an individual, Lions Club, or Lions District to honor someone as a Lion Hearing Research Fellowship
- Memorial Fellowship= Gifts totaling cumulative \$1000.00 given in memory of a deceased Lion or non-member
- Cumulative Fellowship=Accumulated gifts over time resulting in \$1000.00 donation. Fellowship plaque awarded upon receipt of cumulative \$1000.00 value
- Progressive Fellowship= Gifts to honor an individual who has previously been honored with a Hearing Fellowship Plaque

AMOUNT OF DONATION: \$ _____ Check#: _____

Make check payable to: **Lions MD5M Hearing Foundation**

Mail application and/or check to: **PDG Mike Vos, Treasurer**
20472 371st Avenue
Green Isle, MN - 55338

Mail Award to:
Name: _____

Address: _____

City, State: Zip: _____

