



Lions Children's Hearing Center



AWARD APPLICATION FOR LIONS HEARING RESEARCH FELLOWSHIP

DONOR:

Club, Individual or Corporation Name: _____

Address: _____

City: _____ State: _____ Zip: _____

RECIPIENT:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please Check:

- Individual Fellowship = Gift made by an individual, Lions Club or Lions District to honor someone, totaling \$1000.00 or more
- Memorial Fellowship = Gift given in memory of a deceased Lion or non-Lion member, totaling \$1000.00 or more
- Cumulative Fellowship = Gifts accumulated over time resulting in a \$1000.00 donation
- Progressive Fellowship = Gift for an honored recipient who has previously received a Hearing Fellowship Plaque. The award recipient then is given a diamond pin for a donation of \$1000.00 or more

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 _____

