



# Lions Children's Hearing Center



## 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 371<sup>st</sup> Avenue**  
**Green Isle, MN - 55338**

**Mail Award to:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State: Zip: \_\_\_\_\_

