

APPLICATION



LIONS HEARING RESEARCH FELLOWSHIP

DONOR

Name _____

Address _____

City _____ State _____ Zip _____

Club Name _____

RECIPIENT

Name _____

Address _____

City _____ State _____ Zip _____

Please Check

___ **Individual Fellowship** – Gift made by an individual, Lions Club, or Lions District, to honor someone as a Lions Hearing Research Fellow

___ **Memorial Fellowship** – Gifts given in memory of a deceased Lion or non-member

___ **Cumulative Fellowship** – Gifts of \$100.00 or more made over several years (5 year maximum) with the award Made on receipt of the full amount

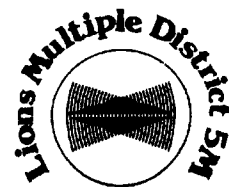
___ **Progressive Fellowship** – Gifts to honor an individual more than once.

AMOUNT OF DONATION \$ _____

Please make your check payable to: Lions MD5M Hearing Foundation

Mail check and completed form to: Your Districts Trustee
To the Hearing Foundation

Mail Award to:



Hearing Foundation, Inc.