



**LIONS HEARING RESEARCH FELLOWSHIP AWARD  
5M9 APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Club Name \_\_\_\_\_

**Award Recipient**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please check one below**

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

\_\_\_ **Memorial Fellowship** – Gift given in memory of a deceased Lion or non Member.

\_\_\_ **Cumulative Fellowship** – Gifts of \$1,000.00 or more made over several years with the award made on receipt of the full amount.

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

Amount of Donation \$ \_\_\_\_\_ ( \$1,000.00 per award)

Please make checks payable to: **Lions MD5M Hearing Foundation**

Mail completed application & check to: **Linda Albrecht-Norby  
1021 5<sup>th</sup> Avenue NW  
Perham, Mn. 56573**

Mail Award to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_