

# 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 \$1000.00 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: Robert Nemeth  
407 West Sextant Ave.  
Roseville, MN 55113

Mail Award to:

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