



JOHN D. PARKS FELLOWSHIP

LIONS MOBILE SIGHT & HEARING UNIT OF DISTRICT 24-D APPLICATION

The following person has been nominated to receive the above fellowship. Our club/personal check is enclosed or partial payment of \$ _____ is enclosed. Memorial donation: Yes No

Name of Recipient: (as it is to appear on the certificate, please print or type)

Mr. Mrs. Lion Lioness Dr. Honorable

Name of Recipient: _____

Address of Recipient: _____

City: _____ State: _____ Zip + 4: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Name of Sponsoring Club Lion : _____

District 24 - _____ Date of Application: _____

Name and Address of Club Secretary or person to whom the Fellowship is to be sent:

Signature: _____ Club President Club Secretary

Telephone Number: _____ Fax Number: _____

Email Address: _____

Date by which Fellowship must be received: _____

(Please allow 30 days for processing request)

Note: The Fellowship Pin, Certificate and Letter will be sent to the Club Secretary after a total of \$500.00 is received, unless otherwise indicated above.