



The Hearing Foundation

(Ear of the Lion Foundation, Inc.)
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ALEXANDER GRAHAM BELL FELLOWSHIP APPLICATION

Please present an Alexander Graham Bell Award of The Hearing Foundation (Ear of the Lion) as indicated below:

Name _____

Address _____

Telephone _____

Lions Club _____ District _____

My check in the amount of \$1,000.00 is enclosed.

My check in the amount of \$200.00 is enclosed. The balance of \$800.00 will be paid in four (4) annual payments of \$200.00.

Name of Club or Sponsor _____

ALL DONATIONS ARE TAX DEDUCTIBLE

Signature

Date