



The Hearing Foundation

(Ear of the Lion Foundation, Inc.)
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LIFE MEMBERSHIP APPLICATION

Please present a Life Membership of the The Hearing Foundation (Ear of the Lion) as indicated below:

Name _____

Address _____

City _____

Telephone _____

Lions Club _____

District _____

My check in the amount of \$500.00 is enclosed.

My check in the amount of \$100.00 is enclosed. The balance of \$400.00 will be paid in four (4) annual payments of \$100.00.

Name of Club or Sponsor _____

ALL DONATIONS ARE TAX DEDUCTIBLE

Signature

Date