



# The Hearing Foundation

(Ear of the Lion Foundation, Inc.)  
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## TOSCH FELLOWSHIP APPLICATION

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

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Telephone \_\_\_\_\_

Lions Club \_\_\_\_\_

District \_\_\_\_\_

My check in the amount of \$250.00 is enclosed.

Name of Club or Sponsor \_\_\_\_\_

**ALL DONATIONS ARE TAX DEDUCTIBLE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date