MN Lions Childhood Cancer Foundation Inc.

We Serve Families in Need Program

Family Grant/Matching Program Application

Date: _____ **District:** _____

CLUB REQUESTING MATCHING FUNDS

Club President Contact Info

Name: _____
Phone: _____
email: _____

Club Officer Contact Info

Name: _____
Phone: _____
email: _____

Club Name: _____

The above named Lions Club has certified that they have donated or are having a fundraiser.
The MN Lions Childhood Cancer Foundation will match up to $500 to the family.

Amount of Funds: _____ **YES** _____ **NO** _____

FAMILY INFORMATION

Family's Last Name: _____ **Family's Town:** _____

Information is gathered for the foundation's report of monies spent.
Any family information is not to be shared by any MN Lions Childhood Cancer Foundation member without permission.

CHILD'S INFORMATION (if volunteered by family)

Child's Name: _____ **Age:** _____ **Gender:** _____

Type of Cancer (if volunteered by family): _____

CHECK INFORMATION

Make Check Payable to: _____

MAIL CHECK TO:

Name: _____
Address: _____
City: _____ **ST:** _____ **Zip:** _____

Email Completed Application to: mnlionsccf@gmail.com

Mail Completed Application to:
MN Lions Childhood Cancer Foundation
% Lion Colleen Patterson
4516 Grimes Ave. N., Robbinsdale, MN 55422

OFFICE USE:

Trustee #1 Submitting:			
Trustee #2 Submitting:		**Check Number:**	
Action by Foundation:		**Date Sent:**	
Date:			

Revised 10-2026