



# MN Lions Childhood Cancer Foundation Inc.



## BELIEVE AWARD APPLICATION

Date of Request: \_\_\_\_\_ District: \_\_\_\_\_

Club Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

email: \_\_\_\_\_

### RECIPIENT INFORMATION *(please PRINT all informtion.)*

**Name:**

*(as it will appear on award)*

\_\_\_\_\_

### PLEASE CHECK ONE OF THE FOLLOWING

\_\_\_\_\_ Donation/cumulative donations of \$1,000.00, for a Lion or non-Lion.

\_\_\_\_\_ Memorial Donation of \$1,000 given in memory of a deceased Lion or non-Lion.

### MAIL AWARD TO

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Will this be needed by a certain date? YES \_\_\_\_\_ NO: \_\_\_\_\_

Date Award will be needed: \_\_\_\_\_

### SUBMIT APPLICATION BY MAIL OR EMAIL

Lion Colleen Patterson  
4516 Grimes Ave N., Robbinsdale, MN 55422

[mnlionsccf@gmail.com](mailto:mnlionsccf@gmail.com)

### OFFICE USE ONLY

Date Rec'd:		Award Prepped:	
Name Plates Ordered:		Award Mailed:	
Name Plates Rec'd:			

Allow 30 days for processing and delivery of Award.

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