



MN Lions Childhood Cancer Foundation Inc.



BELIEVE AWARD APPLICATION

Date of Request: _____

District: _____

Club Name: _____

Contact Name: _____

Phone: _____

email: _____

RECIPIENT INFORMATION *(please PRINT all information.)*

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

mnlionssccf@gmail.com

4516 Grimes Ave N., Robbinsdale, MN 55422

OFFICE USE ONLY

Date Rec'd:		Award Picked up:	
Balance:		Award Mailed:	
Etching Ordered:			

Allow 30 days for processing and delivery of Award.

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