



MN Lions Childhood Cancer Foundation Inc.



BELIEVE AWARD APPLICATION

Date of Request: _____

Club Name: _____

District: _____

Contact Name: _____

Phone: _____

email: _____

Recipient Information: (please PRINT all informtion.)

Name:

(as it will appear on award)

Please Check:

_____ 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 Application to:

Lion Colleen Patterson
4516 Grimes Ave N
Robbinsdale, MN 55422

or

Email Application to:

cmp55422@gmail.com

Mail Award to:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____