



MN Lions Childhood Cancer Foundation Inc.



BELIEVE AWARD APPLICATION

Club Name: _____

District: _____

Recipient Information: (please PRINT all information.)

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 Jeannine McDonald
3239 Chowen Ave N
Robbinsdale, MN 55422

or **Email Application to:**

jiner3239@gmail.com

Mail Award to:

Name: _____

Address: _____

City: _____ **ST:** _____ **Zip:** _____

Allow 30 days for processing and delivery of Award.

Version 11-2023