



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: _____

OFFICE USE:

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