



# MN Lions Childhood Cancer Foundation Inc.

*We Serve Families in Need Program*

## **FAMILY APPLICATION**

Club Requesting Matching Funds: \_\_\_\_\_

Club Member's Name: \_\_\_\_\_

Club Member's Phone: \_\_\_\_\_

District of the Club: \_\_\_\_\_

How much money did the club approve to support the family?

\_\_\_\_\_

Family's Last Name: \_\_\_\_\_ Family's Town: \_\_\_\_\_

Child's Age: \_\_\_\_\_ Gender: \_\_\_\_\_

*Type of Cancer (if volunteered by family):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Information is gathered for the foundation's report of monies spent.  
All family information is not to be shared by any MN Lions Childhood Cancer Foundation  
member without permission*

Foundation Member Submitting Request:

\_\_\_\_\_

Action by the Foundation:

\_\_\_\_\_

Date of the monies sent:

\_\_\_\_\_