



MN Lions Childhood Cancer Foundation Inc.

We Serve Families in Need Program

Club Requesting Matching Funds: _____

Club Member's Contact Name: _____

Club Member's Contact Phone: _____

District of the Club: _____

Family's Last Name: _____ Family's Town: _____

Child's Information (if volunteered by family)

Child's Name: _____ Child's Age: _____ Gender: _____

Type of Cancer (if volunteered by family): _____

The _____ Lions Club has certified that they have donated or are having a fundraiser that the MN Lions Childhood Cancer Foundation will match up to \$500 to the family. YES _____ NO _____

The match check should be made out to: _____

***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***

Mail Check To:

Foundation Member Submitting Request

Name

Action by the Foundation

Address

Check Number

Date Check Sent

City

ST

ZIP

I _____ give permission to the MN Lions Childhood Cancer Foundation to use a photo of my child on their facebook page. Date: _____