



# Massachusetts Lions District 33N Sight and Hearing Fund, Inc



## ~ Sight and Hearing Fund Helen Keller Fellowship Application ~

SPONSORING CLUB NAME: \_\_\_\_\_

NAME OF HONOREE: \_\_\_\_\_

CLUB PRESIDENT NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: (DAY): (\_\_\_\_) \_\_\_\_\_ (EVE): (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE TO BE AWARDED \_\_\_\_\_

***PLEASE ALLOW MINIMUM 2 WEEKS NOTICE***

DO YOU WISH A DIRECTOR OF SIGHT AND HEARING FUND TO PRESENT THIS AWARD?

\_\_\_ YES \_\_\_ NO

*IF YES PLEASE PROVIDE DATE, TIME AND LOCATION AND ANY OTHER INFORMATION ABOUT THE EVENT (CHARTER NIGHT, INSTALLATION, ANNIVERSARY, ETC.).*

\_\_\_\_\_

\_\_\_\_\_

IS THIS A GUEST NIGHT? \_\_\_ YES \_\_\_ NO MEETING COST: \$ \_\_\_\_\_ PP

**THIS APPLICATION REPRESENTS A \$250 DONATION MADE PAYABLE TO:  
THE SIGHT AND HEARING FUND, INC**

CLUBS MAY ACCRUE CREDIT TOWARDS THE \$250 DONATION OVER A 24 MONTH PERIOD. IF A CHECK DOES NOT ACCOMPANY THIS APPLICATION, THE COORDINATOR WILL VERIFY ELIGIBILITY WITH THE SIGHT AND HEARING FUND, INC TREASURER.

**PLEASE CHECK DONATION METHOD:**

PREVIOUS DONATION: \_\_\_\_\_ OR CHECK ENCLOSED: \_\_\_\_\_

MAIL COMPLETED APPLICATION AND CHECK TO PRESIDENT SIGHT AND HEARING FUND, INC.