



Request for Funds from District 25A

Date: _____

Name of Lions Club or organization requesting funds:

Address: _____

Phone: _____

Purpose: _____

Amount requested: \$ _____

Disbursement from fund: (check one)

Special Olympics

Ed Paine

Sight First

Diabetes

Leo Clubs

Disaster Relief

Lions training

Youth Exchange

Law Camp

Ear Molds

Membership

District Convention

Administrative

Other or unsure

Signature or Project Trustee (or District Governor if no Trustee):

Signature of Club President or Organization official:

Attach receipts or other pertinent documents

Mail to Cabinet Treasurer