

APPLICATION FOR DR JACK DOBUSH FELLOWSHIP

(Allow 2 – 4 week for recognition to arrive)

Phone 403-605-7765 email: :loafalberta+dobush@gmail.com

Mail applications along with donation to:

PCC Dennis Stevenson

305 Sandstone Dr NW Calgary, AB, T3K 3R5



RECIPIENT: Is this a perso			110	
Check here if recipient will b	e named later.			
Individual Name: (Print clearly exactly as it should appear on plaque)		Is recipient a Lion? Yes No		
				Address:
	<u> </u>		GRESSIVE FELLOWSHIP?	
			No	
•	vince Postal Code)			
			+++++++++++++++++++++++++++++++++++++++	
DONOR: (Complete ONLY	if different from reci	pient.)		
Name of Donor:		_ Is donor a Lio	Is donor a Lion? YesNo	
A 11			. 10.77	
Address:		Is Tax Receipt required? YesNo		
		If you provide	Lianistic offiliation	
(City Province Postal Coo		II yes, provide Lioinsuc arimation.		
City	1 to vince 1 ostar code)			
This donation is from (check one) Individual		Club Name	Club Name	
	Club	Club Numbe	er	
Date for presentation:	District	District Nun	nber	
1	M.D	-		
++++++++++++++++++			++++++++++++++++++	
DONATION: Please enclos	e a cheque/bank draf	t/money order in t	he amount of five hundred	
dollars payable to: LIONS		•		
1 3				
+++++++++++++++++++++++++++++++++++++++	++++++++++++	+++++++++++	-+++++++++++++++++	
SHIPPING INSTRUCTION	IS: In the space belo	ow, print name, co	emplete address and daytime	
telephone number of individu	ual to whom plaque a	and lapel pin are t	o be sent to for presentation	
to the recipient.				
NAME:	P	hone	Fax	
Mailing Address:				
(Street Ad	dress	City	Province Postal Code)	