



JACK & DENISE ISAMAN CNIB FELLOWSHIP APPLICATION

Allow 4-6 weeks for recognition to arrive
Phone (780) 488-4871 Fax (780) 455-8519
Toll Free 1 866 459-2648



Mail application along with donation to:
CNIB,
12010 Jasper Avenue, Edmonton, AB T5K 0P3

RECIPIENT

Name of Recipient _____
Print name clearly as it should appear on the plaque

Is recipient a Lion Yes
No

Address _____
Street Address

Club Name _____

City, Province, Postal Code

Check here if the recipient is to be named later

DONOR

Name of Donor _____

Is donor a Lion Yes No

Address _____

If yes, provide Lion affiliation

Club Name _____

This donation is from (check one):

Club District Individual MD

Club No: _____

District No: _____

(Individual & Corporate donations will receive income tax receipts)

DONATION

Please enclose your donation of \$500.00 payable to:
CNIB

Cheque Visa Money Order Master Card Bank Draft

Card Holder: _____ Card No: _____

Expiry Date: _____

SHIPPING INSTRUCTIONS

In the space below print presentation date, name, complete address, and daytime telephone number of individual to whom the certificate (framed unframed) and lapel pin are to be sent for presentation to the recipient.

****PLEASE INDICATE STREET ADDRESS FOR COURIER DELIVERY****

Presentation Date (if available): _____

Name _____ Phone No. _____ Fax No. _____

Mailing Address (Must be a street address) _____