

JACK & DENISE ISAMAN CNIB FELLOWSHIP APPLICATION

Allow 4-6 weeks for recognition to arrive
Phone (780) 488-4871 Fax (780) 455-8519
Toll Free 1-800-365-2642



Mail application along with donation to:
PCC Lion Harold Grace, 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

Address _____

Street Address

No

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 Lionistic affiliation

This donation is from (check one):

Club District Individual MD

Club Name _____

Club No: _____

District No: _____

(Individual & Corporate donations will receive income tax receipts)

DONATION

Please enclose your donation of \$500.00 payable to:
THE CANADIAN NATIONAL INSTITUTE FOR THE BLIND

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 plaque and lapel pin are to be sent for presentation to the recipient. Please give street address. We cannot courier the awards to a box number. Presentation Date: (if available): _____

Name _____ Mailing Address _____

Phone No _____

Fax No. _____