

DR. GREGORY POWELL/STARS FELLOWSHIP APPLICATION

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PDG Betty Ann Robson Box 8 Beaverlodge, AB TOH 0C0

RECIPIENT			
Name of Recipient Print name clearly as it should appear on	the plaque	Is recipient a Lior	n? Yes No
AddressStreet Address		Club Name	-
Street Address			
City, Province, Postal Code			
Check here if th	e recipient is to b	e named later	
DONOR			
Name of Donor Address This donation is from (check one): Club □ District □ Individual □ MD □		Is recipient a Lion? Yes No If yes, provide Lionistic affiliation Club Name Club No: District No:	
Cheque ☐ Visa ☐ Money 0	Order □ N	laster Card \Box	Bank Draft □
Card Holder:	Card No	o:	
Expiry Date:			
SHIPPING INSTRUCTIONS			
In the space below print presentation date, r individual to whom the plaque and label pin	•		phone number of
Presentation Date: (if available):			
Name	Mailing Address		
Phone No	Fax No	Email	