

MONTANA LIONS SIGHT & HEARING FOUNDATION



APPLICATION FOR GARY TSCHACHE FELLOWSHIP

APPLICATION FOR TOM LEHMAN FELLOWSHIP

Allow 4-6 weeks for recognition to arrive

**Mail application along with donation to:
Montana Lions Sight & Hearing Foundation,
Lion Dennis Kopitzke, Box 1266 - Forsyth, MT 59327**

Phone: 406-346-1488
Email: djklmk@rangeweb.net

RECIPIENT

Is this a personal donation from recipient? Yes No Is recipient a lion? Yes No
Check here if the recipient is to be named later.

Individual Name _____ Club Name _____
Print clearly exactly as it should appear on plaque

Address _____
Street Address _____ City, State, Zip Code _____

DONOR

Name of Donor _____ Is donor a lion? Yes No
If yes provide Lionistic affiliation.

Address _____ Club Name _____

This donation is from: (check one) Club No. _____ District No. _____

(Individual & Corp. donations may receive income tax receipts upon request) Individual District
Club M.D.

DONATION

Please enclose a check / bank draft / money order in the amount of five hundred dollars payable to:
Montana Lions Sight & Hearing Foundation

PRESENTATION INFO

PLEASE SELECT ONE METHOD ONLY.

FOR PRESENTATION BY FOUNDATION REPRESENTATIVE

Date requested Fellowship to be presented By Trustee: _____ Donor or contact: _____
Phone No: _____ Fax No: _____ Email: _____

FOR PRESENTATION BY DONOR OR CLUB ONLY

Complete Shipping & Mailing Address:
Name _____ Phone No. _____ Fax No. _____
Address _____
Street Address _____ City, State, Zip Code _____