



BILL WEBBER FELLOWSHIP

The Lions Eye Bank (Alberta) Society

Canada Revenue Agency: Registered Charitable Organization:
#13505 0938 RR0001

Recipient *(Please complete one form per recipient)*

Recipient's Name:

Address:

City/Town: Province/State: Postal Code/Zip Code:

Recipient's Lions Club:

The recipient is not a Lion.

Donor

Same as recipient, or

Lions Club	District	Multiple District	Individual	Corporation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Donor's Name:

Address:

City/Town: Province/State: Postal Code/Zip Code:

Email Address: Phone Number:

Shipping Instructions *(Please allow 6 weeks for recognition to arrive)*

Please ship plaque and lapel pin to: Same as donor, or

Name:

Address:

City/Town: Province/State: Postal Code/Zip Code:

Email Address: Phone Number:

Date Fellowship is to be presented (if known):

Donation *(Please make cheque payable to "The Lions Eye Bank (Alberta) Society")*

Please mail completed form and a \$500 cheque/bank draft/money order to:

The Lions Eye Bank (Alberta) Society
c/o Rockyview General Hospital
7007 – 14th Street SW Calgary, Alberta T2V 1P9

Feel free to contact The Lions Eye Bank
(Alberta) Society by email at:
albertalionseyebank@gmail.com