



**APPLICATION FOR DR. JACK DOBUSH FELLOWSHIP**

(allow 2 – 4 weeks for recognition to arrive)

Phone (403) 845-7108

Fax (403) 845-7130

Mail application along with donation to: Lion Lois Cadue  
5011 – 55 Street Close, Rocky Mtn. House, AB T0M 1T2

+++++  
**RECIPIENT: Is this a personal donation from recipient? Yes \_\_\_\_\_ No \_\_\_\_\_**

Check here if recipient will be named later \_\_\_\_\_

**Individual Name** \_\_\_\_\_ **Is recipient a Lion? Yes \_\_\_\_\_ No \_\_\_\_\_**  
(print clearly exactly as it should appear on plaque)

**Address** \_\_\_\_\_ **Club Name** \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
City Province Postal Code

+++++  
**DONOR: (Complete ONLY if different from recipient)**

**Name of Donor:** \_\_\_\_\_ **Is donor a Lion? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Address:** \_\_\_\_\_ **Is Tax receipt required? Yes \_\_\_\_\_ No \_\_\_\_\_**

\_\_\_\_\_  
**If yes, provide Lionistic affiliation.**

**This donation is from (check one) Individual \_\_\_\_\_**

**Club Name** \_\_\_\_\_

**Club** \_\_\_\_\_

**Club No.** \_\_\_\_\_

**District** \_\_\_\_\_

**District No.** \_\_\_\_\_

**M.D.** \_\_\_\_\_

+++++  
**DONATION: Please enclose a cheque/bank draft/money order in the amount of five hundred dollars payable to: LIONS OF ALBERTA FOUNDATION**

#####

**SHIPPING INSTRUCTIONS: In the space below print name, complete address, and daytime telephone number of individual to whom plaque, lapel pin, are to be sent to for presentation to the recipient.**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_