



Dr. Patti Hill Fellowship

For the **Lions Eye Research Fund**
Royal Alexandra Hospital, Edmonton

Please email or mail application to:
kkozoriz@telus.net
Kris Kozoriz, 5615 – 151 Street NW, Edmonton, AB, T6H 4Y6
Phone 780 434 9216 CEL 780 907 0617



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Name of Recipient _____

Print name clearly as it should appear on the plaque

Is recipient a Lion? Yes

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Address _____

Street Address

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City, Province, Postal Code

Check here if the recipient is to be named later

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Name of Donor _____

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If yes, provide Lionistic affiliation

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Donation

Please enclose your donation of \$500.00 payable to: **Lions of Alberta Foundation**
with

Cheque Visa MasterCard Money Order Bank Draft

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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 label pin are to be sent to.

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