



**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 T4T 1E7

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

**Check here if recipient will be named later \_\_\_\_\_ Progressive Yes \_\_\_\_\_ No \_\_\_\_\_**

**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

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**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. \_\_\_\_\_**

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

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**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: \_\_\_\_\_**