

PID Cindy Gregg Kidsight Fellowship Application

1. Name exactly as it should appear:

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: (____) _____ - _____

2. Is the recipient a Lion? If so check one:

Lion ____ Lioness ____ Leo ____

PDG ____ IP ____ PIP ____

CC ____ PCC ____ ID ____

PID ____

Name of Club: _____

District: _____

3. A donation of \$250.00 is required to qualify.

4. Name and address of DONOR if different from recipient:

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: (____) _____ - _____

Please check one:

Personal ____ Club ____

District ____ Memorial ____

Referred by: _____

5. Enclosed is a check payable to District 14-E Lions Care-A-Van in the amount of \$250.00. Please mark on the memo line PID Cindy Gregg Fellowship.

6. Fellowship cannot be used as a District 14-E District Project Donation.

7. Please print the name and address where the Fellowship plaque is to be sent:

Name: _____

Address: _____

City: _____

State/Zip: _____

Phone: (____) _____ - _____

Signature of Donor

Date Submitted: ____ / ____ / ____

Date Required: ____ / ____ / ____

Please allow 2-4 weeks

Send this application with check made payable to:

District 14-E Care-A-Van

And mail to:

PDG Tom Gregg, District 14-E Kidsight
Chairperson

1130 Willowbrook Road
Belle Vernon, PA 15012-3202



District 14-E Care-A-Van

PID Cindy Gregg Kidsight Fellowship

Purpose: To support the District 14-E Care-A-Van Project in purchasing new vision screeners, to maintain screening equipment, and to train volunteers in their usage.

Our mission is to ensure eye screening and follow-up care is given to all kids because every child deserves to learn and see the world clearly. To do this, Lions are working to increase the number of screening programs around the country in order to reach more children when it is possible and where it is needed.



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For more information about the District 14-E Care-A-Van, visit the Web site at www.lions14e.org