

INTERNATIONAL ASSOCIATION OF LIONS CLUBS
DISTRICT 14-E KIDSIGHT CHAIRPERSON

H#: 724 872-0707 CELL#: 412 576-0708

PDG Thomas L. Gregg
tomgregg1@verizon.net.net



Application
PID Cindy Gregg KidSight Fellowship

Please print or type:

1. Name exactly as it should appear:

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: (____) ____ - _____

2. Is 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 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 US Dollars. **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 name and address where the Fellowship plaque is to be sent:

Name: _____

Address: _____

City/State/Zip: _____

Phone: (____) ____ - _____

Date: ____/____/20____

SIGNATURE OF DONOR

DATE REQUIRED: ____/____/20____

Please allow 2 -4 weeks

Send this application with check made payable to:

District 14-E Care-A-Van

To; PDG Tom Gregg, District KidSight Chairperson
1130 Willowbrook Road
Belle Vernon, PA 15012-3202

For Office Use Only

Date Application Received: ____/____/____

Date plaque ordered: ____/____/____

Date plaque mailed: ____/____/____

Fellowship number: ____

District: _____

Check # _____ Date: ____/____/____

Amount: \$ _____

Date sent to Care-A-Van Treasurer: ____/____/____