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, 1121 – 177A Street SW, Edmonton, AB, T6W 2A1

Phone 780 434 9216 CEL 780 907 0617

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Recipient

Name of Recipient _____ Is recipient a Lion? Yes ☐

Print name clearly as it should appear on the plaque No ☐

Address _____ Club Name

_____

Street Address

_____

City, Province, Postal Code

Check here if the recipient is to be named later ☐

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Donor

Name of Donor _____ Is recipient a Lion? ☐ Yes ☐ No

Address _____ If yes, provide Lionistic affiliation

_____ Club Name_____

This donation is from (check one): Club Number:_____

☐ Club ☐ District ☐ Individual ☐ MD District No: _____

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Donation

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

☐ Cheque ☐ Money Order ☐ Bank Draft

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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.

Presentation Date: (if available): _____

Name _____

Mailing Address_____

Phone No _____ Email _____