

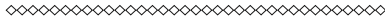


Dr. Patti Hill Fellowship

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



Recipient

Name of Recipient _____

Print name clearly as it should appear on the plaque

Is recipient a Lion? Yes

No

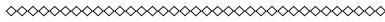
Address _____

Street Address

Club Name _____

City, Province, Postal Code

Check here if the recipient is to be named later



Donor

Name of Donor _____

Is recipient a Lion? Yes No

Address _____

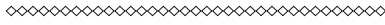
If yes, provide Lionistic affiliation

Club Name _____

This donation is from (check one):

Club Number: _____

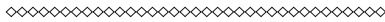
Club District Individual MD District No: _____



Donation

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

Cheque Money Order Bank Draft



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 _____