



## LIONS CLUB ENDORSEMENT

### LIONS CLUB INFORMATION

Name of Club Endorsing Application: \_\_\_\_\_

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

### LIONS CONTACT

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### GRANT INFORMATION

Type of Grant:

Patient Care  Equipment  Professional Education  Community Project

Amount of Funding Request: \_\_\_\_\_

Brief description of program/service and who will benefit: \_\_\_\_\_

### SIGNATURE

By signing below, we endorse this application and agree that if this request is funded, our club will abide by the terms of the grant.

\_\_\_\_\_  
Signature of Club President

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Club Secretary

\_\_\_\_\_  
Date