



LIONS CLUB ENDORSEMENT

LIONS CLUB INFORMATION

Name of Club Endorsing Application: _____

_____ District: _____

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