

REQUEST FORM - Lions Good Samaritan Award

Recipient Name (as to be placed on Award): _____

Please state the reason for the Award in 20 words or less:

Name of Requesting Club: _____

Contact Person's Information: Name & Title: _____

Address: _____

Address: _____

Phone No.: _____ Presentation Date: _____

Please allow three weeks for delivery.

Our Club has previously donated \$500 or more to the Foundation

—> Make \$500 check payable to:

Lions District 14A Charitable Foundation

Mail this form and check(if applicable) to:

Lions District 14A Charitable Foundation 21 West Front St

Media, PA 19063