

LIONS SIGHT AND HEARING FOUNDATION OF NH, INC

GRANITE STATE FELLOWSHIP
APPLICATION FOR AN ENTITY

Date of Application: _____

Name of donor: _____

to honor the following as a Granite State Fellow;

NAME: _____

ADDRESS _____

CITY STATE ZIP _____

Please print using all capital letters. This is how the name will appear on the plaque. Be sure you have the proper title for the corporate name; i.e., Inc. or Ltd., etc. Use a separate sheet for more names if this a multiple order.

Anticipated date of presentation: Please allow at least three weeks from date of application above. The name plates must be ordered.

Please contact _____ Phone _____
for information on presentation plans

A check (at \$500 for each name) for \$ is enclosed.

ALL PROCEEDS WILL BE CREDITED TO THE LSHF ENDOWMENT FUND

Please send all requests with check made payable to LSHF
To: PCC Roger Latulippe 136 Lowell Rd Hudson NH 03051

For more information and/or rush orders:

Please phone: 603.566.9409, or e.mail: dgroger@comcast.net
Phone or email orders will not be processed until the check arrives.

For office use only:

Application arrived on: Date of presentation:

Plates (2) ordered: Received:

Letter signature ordered: Received:

Date plaque, pin and letter w/ folder shipped (delivered) to club:

Receipt acknowledged: How?