

LIONS SIGHT AND HEARING FOUNDATION OF NH, INC.

GRANITE STATE FELLOWSHIP  
APPLICATION FOR AN INDIVIDUAL

Date of application:

Name of donor: .....

wishes to honor the following as a **Granite State Fellow**

Name:

(Please print using all capital letters. This is how the name will appear on the plaque. Unless your instructions are otherwise, we do not add "Lion" or office initials to a name. 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 LSH F to:

PCC Peter V. de Moya, 47 Pine Ave., Keene, NH 03431-2310

**For more information and/or rush orders:**

Please phone: 603.357.3749, fax: 603.357.6919, ore.mail: [hpdemova@worldpath.net](mailto:hpdemova@worldpath.net)  
(Faxed or e.mail 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): .....

Receipt acknowledged:..... How? .....