

LIONS SIGHT AND HEARING FOUNDATION OF NH, INC.

GRANITE STATE FELLOWSHIP

APPLICATION FOR AN INDIVIDUAL

(Circle here if this is a Progressive GSF ~ Which level? 1 2 3 4 5)

Date of application:

Name of donor:

wishes to honor the following as a Granite State Fellow (or PGSF)

Name:

Address:

(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 or PGSF level) 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 Peter V. de Moya, 47 Pine Ave., Keene, NH 03431-2310

For more information and/or rush orders:

Please phone or fax: 603.357.3749, or e.mail: pvdemoya@myfairpoint.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 prepared: All pieces ready:

Date materials shipped (or delivered):

Receipt acknowledged: How?

(This version of the LSHF / GSF entity application corrected to 01.29.10)