

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](mailto: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)