

# THE LIONS EYE BANK (ALBERTA) SOCIETY



## APPLICATION FOR BILL WEBBER FELLOWSHIP

*Allow 4 - 6 weeks for recognition to arrive*

Mail application along with donation to:

Lions Eye Bank (Alberta) Society  
c/o Rockyview General Hospital  
7007 14<sup>th</sup> Street SW  
Calgary, AB T2V 1P9

### RECIPIENT

Is this a personal donation from recipient? Yes  No

Check here if the recipient is to be named later.

Individual Name: \_\_\_\_\_ Is recipient a Lion? Yes  No   
Print clearly exactly as it should appear on plaque

Address \_\_\_\_\_ Club Name \_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, Province, Postal Code

### DONOR

Complete ONLY if different from recipient

Name of Donor \_\_\_\_\_ Is donor a Lion? Yes  No

Address \_\_\_\_\_ If yes, provide Lionistic affiliation

Club Name \_\_\_\_\_

This donation is from (check one): Individual  Club No: \_\_\_\_\_

Club  District No: \_\_\_\_\_

District

M.D.

*(Individual & Corporate donations will receive income tax receipts)*

### DONATION

Please enclose a cheque/bank draft/money order in the amount of five hundred dollars payable to:  
The Lions Eye Bank (Alberta) Society

### SHIPPING INSTRUCTIONS

In the space below, print presentation date, name, complete address, and daytime telephone number of individual to whom plaque, lapel pin, and banner patch are to be sent for presentation to the recipient

Date Fellowship is to be presented (if available) \_\_\_\_\_  
Name \_\_\_\_\_ Phone No \_\_\_\_\_ Fax No \_\_\_\_\_  
Mailing Address \_\_\_\_\_