

## JACK & DENISE ISAMAN CNIB FELLOWSHIP APPLICATION



Allow 4 – 6 weeks for recognition to arrive  
Phone (780) 488-4871 Fax (780) 455-8519  
Toll Free 1 866 459-2648



Mail application along with donation to:  
CNIB,  
Suite 600, 11150 Jasper Ave, Edmonton, AB, T5K 0C7

### RECIPIENT

Name of Recipient \_\_\_\_\_  
Print name clearly as it should appear on the plaque

Is recipient a Lion Yes   
No

Address \_\_\_\_\_  
Street Address

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

\_\_\_\_\_  
City, Province, Postal Code

Check here if the recipient is to be named later

### DONOR

Name of Donor \_\_\_\_\_

Is donor a Lion Yes  No

Address \_\_\_\_\_  
\_\_\_\_\_

If yes, provide Lion affiliation

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

This donation is from (check one)

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

Club  District  Individual  MD

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

(Individual & Corporate donations will receive income tax receipts)

### DONATION

Please enclose your donation of \$500.00 payable to:  
CNIB

Cheque  Visa  Money Order  MasterCard  Bank Draft

Card Holder \_\_\_\_\_ Card No: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

### SHIPPING INSTRUCTIONS

In the space below print presentation date, name, complete address, and daytime telephone number of individual to whom the certificate (framed  unframed ) and lapel pin are to be sent for presentation to the recipient.

**\*\*PLEASE INDICATE STREET ADDRESS FOR COURIER DELIVERY\*\***

Presentation Date (if available): \_\_\_\_\_

Name \_\_\_\_\_ Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

Mailing Address (Must be a street address) \_\_\_\_\_