Serving the Communities of Southeastern Virginia

DATE OF APPLICATION	

## Application for

## **GOOD SAMARITAN FELLOWSHIP**

Attached:						
☐ Check for \$500.00		☐ Partial paymer	nt of \$*			
☐ Documentation of donated item(s) purchased/owned by the Lions Club or Members making this application which were sold by LCF for \$500 or more*						
Memor □ Ye	rial Donation es 🗌 No	Progressive Fe	ellowship □ No			
* Payments and/or donations to be credited toward a Good Samaritan Fellowship must not exceed 3 calendar years from date of application.						
NAME OF RECIPIENT <i>(AS IT IS TO APPEAR ON THE PLAQUE)</i> <b>PLEASE PRINT OR TYPE</b>						
NAME OF RECIPIENT AS IT IS TO APPEAR ON THE PLAQUE						
NAME OF RECIPIENT						
NAME OF SPONSORING CLUB/LION						
NAME AND ADDRESS OF CLUB SECRETARY OR PERSON TO WHOM PLAQUE IS TO BE SENT						
NAME						
ADDRESS						
CITY		STATE	ZIP			
SIGNATURE		1	☐ Club Secretary ☐ Club President			
TELEPHONE NO.	FAX NO.		EMAIL ADDRESS			
DATE BY WHICH AWARD MUST BE RECEIVED	1		(PLEASE ALLOW 30 DAYS FOR PROCESSING)			

**NOTE:** The plaque will be ordered & sent to address above **AFTER** receipt of \$500.00.

To expedite application, EMAIL completed form to: Lion Barbara Senecal at fallonbarb@aol.com AND

Mail check for \$500.00 to: Lion Barbara Senecal, 4241 Manchester Rd., Portsmouth, VA 23703