



PENNSYLVANIA LIONS
HEARING RESEARCH FOUNDATION, Inc.

EXECUTIVE OFFICE – Lion Paula Hoffman, Chm, 269 Tower Road, Weatherly, PA 18255
C: (570) 413-5205 E: lionpaula14u@gmail.com



PDG JOHN R CRONE FELLOWSHIP APPLICATION

PHONE: _____

1. Please print name exactly as it should appear

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

2. Please check the appropriate box for recipient

Lion ☐ PDG ☐

Lioness ☐ Leo ☐

Name of Club: _____

District: _____

3. A donation of \$500 is required for the Fellowship payable to PA Lions Hearing Research Foundation

4. Name and address of DONOR, if different than recipient NAME:

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

5. Donation is coming from

Personal ☐ Club ☐

District ☐ Other ☐

6. Please print where award should be sent

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

7. Date required: _____

Signature of donor: _____

Mail application and check to:

PA Lions Hearing Research Foundation

PO Box 371

North Apollo, PA 15673

OFFICE USE ONLY:

Date received _____

Check # _____ Amount _____

Date ordered _____

Date mailed _____

Fellow number _____

Date sent to treasurer _____