



PENNSYLVANIA LIONS
HEARING RESEARCH FOUNDATION, Inc.
PDG JOHN R CRONE FELLOWSHIP APPLICATION



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:

PHONE:

7. Date required: _____

Signature of donor: _____

Mail to:

Gaylene Toland, PDG, Treasurer

PO Box 371

North Apollo PA 15673

Gaylene.toland@gmail.com

724-478-3007

OFFICE USE ONLY:

Data received _____

Check # _____ Amount _____

Date ordered _____

Date mailed _____

Fellow number _____

Date sent to treasurer _____