



MN Lions Childhood Cancer Foundation Inc.

We Serve Families in Need Program

Family Grant / Matching Program Application

Date of Request: _____ District of the Club: _____

Club Requesting Matching Funds: _____

Club Member's Contact Name: _____

Club Member's Contact Phone: _____

Family's Last Name: _____ Family's Town: _____

Child's Information (if volunteered by family)

Child's Name: _____ Child's Age: _____ Gender: _____

Type of Cancer (if volunteered by family): _____

The _____ Lions Club has certified that they have donated or are having a fundraiser that the MN Lions Childhood Cancer Foundation will match up to \$500 to the family.

YES _____ NO _____

The match check should be made out to: _____

Information is gathered for the foundation's report of monies spent.

Any family information is not to be shared by any MN Lions Childhood Cancer Foundation member without permission

Mail Check To:

Foundation Member Submitting Request

Name

Action by the Foundation

Address

Check Number

Date Check Sent

City

ST

ZIP

I _____ give permission to the MN Lions Childhood Cancer Foundation to use a photo of my child on their Facebook page. Date: _____