

MARVIN CHAMBERS

Fellowship

Name of Club or Individual
making the Contribution (\$500) _____

Contact Name _____

Address _____

Name of Recipient of
Marvin Chambers Fellowship _____

Contribution designated to:

- Childhood Cancer (Specialized Anesthesiology Equipment)
- S.T.A.R.S. (Shock Trauma Air Rescue Service)
- Other (please specify) _____
- Undesignated



Please complete one form for each recipient
of the Marvin Chambers Fellowship.

Make cheques payable to the **Saskatchewan Lions
Foundation** and mail to:

Lion Don Tait, Box 854, Wadena, SK S0A 4J0

APPLICATION FORM