

**Iowa Lions District 9MC
Care & Share Application**

Club Submitting Application _____ **Zone** _____

Club Contact Person _____
Address _____

Phone _____

Applicant Name _____
Address _____

Phone _____

Description of Request _____

(Attach additional information as needed)

Amount Requested _____

Is the Club Contributing? _____ **If yes, how much** _____

Other Known Contributors _____ **Approximate amount** _____

Other Known Contributors _____ **Approximate amount** _____

Other Known Contributors _____ **Approximate amount** _____

**Club President or
Secretary Signature** _____ **Date** _____

Submit Application to Immediate Past District Governor, along with any needed & additional information

Date Reviewed _____ **Aye Vote** _____ **Nay Vote** _____

Amount Granted _____ **Club Contribution** _____

Comments _____

