

OLERF RESEARCH FELLOWSHIP FUND

Your Name: _____ District: _____ Date Submitted: _____

Your Phone: _____ Your e-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

CHECK ONE:

RESEARCH FELLOWSHIP SUPPORTER

- Any amount is greatly appreciated.

RESEARCH FELLOWSHIP ENDOWMENT

- To ensure continued research fellowship support.

SUMMER RESEARCH FELLOWSHIP - \$3,000

- (under development)

The "Name of Sponsor" Summer Research fellowship (3 months)

RESEARCH FELLOWSHIP SPONSOR - \$12,000

- (under development)

The "Name of Sponsor" Research fellowship (12 months)

Notes or further information:

Contributions to the Ohio Lions Eye Research Foundation are tax deductible under section 501 C 3 of the Internal Revenue Code.

Form and check should be sent to your District OLERF Trustee or sent to the Ohio LIONS Eye Research Foundation:

PCC Jeff Hillis, Executive Director
Ohio Lions Eye Research Foundation
4074 Hoover Road
Grove City, OH 43123