Granite State Fellowship



Lions Sight & Hearing Foundation of New Hampshire, Inc.

Serving those in need, through Dedication, Perseverance, Loyalty and Fellowship

Lions Sight & Hearing Foundation of New Hampshire, Inc. was begun in 1978 as a vehicle to generate monies for the Foundation's Endowment Fund. This Endowment Fund is the nucleus of our foundation. Money placed into the endowment generates interest and this interest along with other monies raised during the year purchases hearing aids and eye



surgeries for those residents of our communities without means.

Since the inception of the Foundation, over \$500,000 has been granted to hundreds of members of our community across the state of NH.

The Granite State Fellowship is acknowledged as the Lions highest state recognition. A worthy candidate may be one of your club members, a community business, a municipal worker or legislature, an outstanding citizen of your community, school principal or a prominent person choosing retirement.

Remember to capture this presentation with a photograph and a compelling story for your local newspaper and/or website.



Lions Sight & Hearing Foundation of NH, Inc. P.O. Box 790 Concord, NH 03302-0790

PCC Roger Latulippe—Chairperson Phone: (603)566-9409 Email: DGRoger@comcast.net



Granite State Fellowship

Application for an Individual Award

| reprication for an individual revalu | | |
|--|-------------------------------|-----------------------|
| Date of Application: | | |
| Donor Name: | | |
| Donor Club Name: | | |
| Please check box if this is a Progress | sive Granite State Fellowship | p: 🗆 YES |
| Indicate wh | ich level? 2nd 3rd 4th | 5th 6th and so forth: |
| | | |
| Name | of Person or Business be | eing Honored: |
| Address of Person or Business being Honored: | | |
| Please PRINT using all capital letters. This is how the name will appear on the plaque. | | |
| Unless your instructions are otherwise, we <u>do not</u> add "LION" or office initials to a name. | | |
| If this is a <u>multiple order</u> , please use a separate sheet for additional names. | | |
| | | |
| Anticipat | ed Date of Presentation: | |
| Please allow at least three (3) weeks from date of application submission. Plaques must be engraved. | | |
| Contact name of person coordinating | presentation | Contact phone number |
| Briefly describe why this honor is be | ing presented: | |
| ALL PROCEEDS WI | LL BE CREDITED TO THE | LSHF ENDOWMENT FUND |
| Include a check for \$500 with | application. Make cl | neck payable to: LSHF |
| Send application and check to: PCC Roger Latulippe, 136 Lowell Road, Hudson, NH 03051 | | |
| For more information and/or RUSH Orders—call 603 566-9409 email to: dgroger@comcast.net | | |
| For Office Use Only: | | |
| Application arrived on: | Date of Presentation: | Plates (2) Ordered: |
| Received: | Letter prepared: | All pieces ready: |

Date materials shipped (or delivered): ______ Receipt acknowledged: ______ How: _____

(This version of the LSHF / GSF application revised on 8-31-2012)