



APPLICATION FOR FOOD PANTRIES/CLUBS



Iowa Lions District 9SW Care & Share

(found on District Website www.iowalions.com)

Select Type of Assistance:

1. Sight/Hearing/Diabetes
 2. Personal Assistance
 3. Disaster Assistance
 4. Emergencies
 5. Food Pantries (See legend on next page.)

Club/Food Pantry Submitting Application: _____

Town/County: _____

Club/Food Pantry Contact Person: _____

Address: _____

City: _____ State: _____ Phone: _____

Applicant Name: (If different from Contact Person): _____

Address: _____

City: _____ State: _____ Phone: _____

Amount Requested (up to \$200) every three months if needed: _____

Date Requested by: _____

If Lions Club is requesting, how much is submitting club contributing? _____ BMN

Other known contributors and approximate amount: _____

Signature of Club President or Secretary/Food Pantry

_____ Date: _____

Submit or email this application to the Care & Share Chairperson, who is the Immediate Past District Governor (PDG).

Note: Attach applicants signed statement of need and additional information as needed.



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COMMITTEE TO FILL OUT:

Date reviewed: _____ Aye Vote: _____ Nay Vote: _____

Amount: _____ Club Contribution: _____

Comments: _____

TYPES OF ASSISTANCE:

1. Medical or educational material assistance for persons that are sight or hearing impaired or in need of diabetes testing based on symptoms or other criteria.
2. Assistance with costs not covered by personal health insurance such as travel, meals for family members in support of ill person, handicap ramps and etc.
3. Disaster assistance of personal belongings or property damages by natural causes
4. Assistance for other emergencies not specifically covered above where financial help is needed.
5. Assistance to food pantries in 9SW District that are in need of supplies.

For additional help and to answer questions, contact the Care & Share Chairperson, who is the Immediate Past District Governor (PDG).