Rhode Island Lions Sight Foundation, Inc.

Eyeglasses/Exam Assistance Request Form

Name of Club:  Date: 

Request for:

□ Glasses/Frames Only (recipient has valid new prescription/repair current frames)

□ Eye exam and glasses

# Recipient

Name: 

Address: 

City & Zip: 

Phone Number: 

Email: 

Insurance Coverage Glasses: Yes[ ]  No[ ]

Insurance Coverage Exam: Yes[ ]  No\_[ ]

□ Quota met at LensCrafters Providence Place Mall

Date:  RILSF Delegate: 

 Phone #: 

 Email: 

PO Box 19671, Johnston, RI 02919 www.lions4sight.org