



Eyeglasses/Exam Assistance Request Form

Date: _____

Name of Club: _____

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: _____