



Rhode Island Lions Sight Foundation, Inc.

EYEGASSES/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: