

Maize Lions Club



Slogan: Community is What We Make It

The following application is for eyeglasses assistance through the Maize Lions Club. Please fill out the form in its entirety & send or deliver it to:

Scott Hardtarfer at Halstead Bank, 4001 N. Maize Rd, PO Box 199, Maize, KS 67101
(316)722-3551 or (316)722-3598(fax)

Name of Recipient: _____ Age: _____
Address: _____ City: _____
Home Phone: _____ Cell: _____
Email: _____

Health/Vision Insurance

Company: _____ ID#: _____
Employer: _____
Monthly Household Gross Income: _____ Number of Dependents: _____

Please explain your need for glasses assistance:

I understand that if my request for assistance is approved the Maize Lions Club will provide me a letter of referral authorizing LensCrafters in Town West mall to make available a pair of glasses through the One Sight\Lions Club non-profit programs; and that these programs limit my choice of frames to those from a group of pre-selected frames. I further understand that I am solely responsible for all costs associated with obtaining the required prescription and/or the cost of frames should I choose any that are not from the pre-selected group.

Signature

Date

<p>FOR LIONS CLUB USE ONLY: Approved? (Y/N) _____ If yes: What can this person/group do to help our community in return for, or in appreciation of, our assistance? Or other Comments:</p> <p>_____ _____</p>
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