

"That Others May See"

Needs glasses HAS Prescription

Rev 9-17-19

**Anchorage Area Lions Joint Sight Committee
P O Box 612
Girdwood, AK 99587**

Voicemail phone # 907-783-0171

Request for Assistance in Obtaining Glasses

Print all information except for signatures

Applicant's Name (print) _____

If no sponsoring agency is listed:

Applicant's email _____

Applicant's phone _____

Expiration Date of Prescription _____

Reason Eyeglasses are Needed _____

Sponsor's Name _____

Sponsoring Organization _____

Sponsor's Telephone # _____

Sponsor's Email _____

Veteran YES NO

AK Native YES NO

The decision regarding the assistance will be sent to the sponsor.
If more space is needed for information, attach a separate sheet.
Forms not containing the information requested will be returned.

**Scan and send to Anchorage Area Lions Joint Sight Committee at anchorage.jointsight@gmail.com.
Or you can mail to Anchorage Area Lions Joint Sight Committee P O Box 612 Girdwood, AK 99587**