Dear Director xxxxxx,

xxxxxxxxxxxxx, Child Development Center

Your local xxxxxxxxxxxx Lions Club conducts pediatric vision screenings of pre-school children (ages six-months through 6 years, elementary school-age children, and other youngsters through age 17. We are available to perform screenings indoors at your location upon request. This **FREE** service is offered under the Lions KidSight USA Program, a national program of Lions Clubs International.

We invite you to review the attached overview of the screening process that we employ, the technology we use, the benefits of our approach, and the specifics of what we screen for.

The NC KidSight Program screens children in many organizations such as yours – childcare/development centers, pre-schools, Head Starts, and public/private school systems across the state. Just recently the local screening team that would be working with you screened the children for xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx. We can provide a more complete list and reference contacts upon request.

 You can reach either me at xxxxxxxxxxxx/ xxxxxxxxxxxxx@gmail.com for more information or to schedule a screening.

 Sincerely,

xxxxxxxxxxxxxx

xxxxxxxxxxxxxx Lions Club (Vision Services Coordinator)

 ***(***[***www.nclf.org***](http://www.nclf.org)***)***

