



KidSight Matching Funds Request

Eye Exam and Glasses



Referring Lions Club Information	
Club	District
Daytime Phone	Email
I hereby certify that this request has been evaluated within the policies and procedures of our Lions Club and that we deem this individual worthy of assistance and all other sources of assistance have been exhausted.	
Print Name	Position
Signed	Date

Client Name <i>If additional clients, use separate sheet</i>	Services Provided By <i>Invoice(s) must be attached</i>	Services			Amount Paid
		Exam	Glasses	Service Date	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
				Total	

<i>Proof of payment must be attached</i> <i>Maximum Reimbursement:\$125.00 per individual</i>	<i>Minimum Reimbursement:\$25.00 per individual</i>
NCLF Office Use Only	

Standard Matching Funds Request

Eye Exam and Glasses



Client Name <i>If additional clients, use separate sheet</i>	Services Provided By <i>Invoice(s) must be attached</i>	Services			Amount Paid
		Exam	Glasses	Service Date	
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				Total	