



## **Lions Recycle For Sight - Club Participation Form**

### **Please provide the following information:**

Name of Your Club \_\_\_\_\_

Club No. \_\_\_\_\_

Eyeglass Collection Coordinator \_\_\_\_\_

Email address \_\_\_\_\_

### **Collection Location #1**

Name of organization, community center or school: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

### **Collection Location #2**

Name of organization, community center or school: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

### **Collection Location #3**

Name of organization, community center or school: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

### **Please submit form to:**

Lions Clubs International  
Health and Children's Services Department  
300 W 22nd St., Oak Brook, IL 60523 USA  
Fax: 630-571-1692  
Email: [Programs@lionsclubs.org](mailto:Programs@lionsclubs.org)