



CLOVIS EVENING LIONS CLUB
P.O. BOX 751
CLOVIS, NEW MEXICO 88102

ADULT FORM

Application for assistance for glasses
Lions Club will pay up to \$125.00 for glasses.

Name _____ Date _____

Address _____ Phone _____

Age _____ Married _____ Children _____

Employer _____ Monthly Income _____

Reason Needing Assistance _____

Have you seen an Optometrist _____?

Do you have your Prescription _____?

Prescription has to be less than One year old.

Signature _____

Application becomes void after **30 DAYS** from date of approval.

Approved by Clovis Evening Lions Committee Member

_____ Date _____

Comments _____
