



Wisconsin Lions Foundation, Inc. Eyeglass Order Form

3834 County Road A • Rosholt, WI 54473
Phone (715) 677-4969 • Toll Free (877) 463-6953
wilionserc@wlf.info • www.wlf.info



General Information

Group Requesting Eyeglasses: _____

Person Requesting Eyeglasses: _____

Email: _____ Phone: _____

Date of Mission: _____ Requested Shipment Date: _____

**Allow at least 8 weeks for delivery*

Shipping Information

Street Address: _____

City: _____ State: _____ Zip: _____

Billing Information Check if same as shipping

Address: _____

City: _____ State: _____ Zip: _____

Order Information - Please order in multiples of 50 (i.e. 50, 100, 150, 200, etc.)

Single Vision (SV) Plus +

1. +0.50 +0.75 _____
2. +1.00 +1.75 _____
3. +2.00 +2.75 _____
4. +3.00 +3.75 _____
5. +4.00 & up _____

Bifocal/Progressive (BF) Plus +

11. +0.50 +0.75 _____
12. +1.00 +1.75 _____
13. +2.00 +2.75 _____
14. +3.00 +3.75 _____
15. +4.00 & up _____

Children's Glasses (CS)

21. +0.25 +1.75 _____
22. +2.00 & up _____
23. -0.25 -1.75 _____
24. -2.00 & up _____

Single Vision (SV) Minus -

6. -0.50 -0.75 _____
7. -1.00 -1.75 _____
8. -2.00 -2.75 _____
9. -3.00 -3.75 _____
10. -4.00 & up _____

Bifocal/Progressive (BF) Minus -

16. -0.50 -0.75 _____
17. -1.00 -1.75 _____
18. -2.00 -2.75 _____
19. -3.00 -3.75 _____
20. -4.00 & up _____

Readers (R) Plus Only +

25. +0.50 +1.75 _____
26. +2.00 +2.75 _____
27. +3.00 & up _____

Sunglasses

28. Nonprescription Sunglasses Bulk Box (approx. 400 sunglasses) _____

29. Nonprescription Wrap Around Sunglasses (25 per box) _____

Agreement for Order

1. Provide shipping instructions.
2. Pay handling & shipping charges. An invoice for these charges will be sent under separate cover. The handling charge is \$60 per case (approx. 400 eyeglasses) and the shipping cost is determined at time of shipping.
3. Assure eyeglasses are given to people in need at no charge.
4. If the Mission is publicized, be sure to include information that the Wisconsin Lions Foundation Eyeglass Recycling Center was responsible for providing free eyeglasses.
5. File Mission Eyeglass Distribution Report to the Eyeglass Recycling Center within two weeks of completion of Mission.

I Agree to the Above Order & Requirements

Signature: _____ Date: _____