



EYEGLOSS ORDER FORM

The International Association of Lions Clubs (Lions Clubs International)

New Jersey Lions Eye Glass Recycling Center, Inc.

Operating Center at Katzenbach School for the Deaf

320 Sullivan Way, P.O. Box 7263

West Trenton, NJ 08628

Tel: 908-788-5466 Fax: 908-788-5467 Cell: 908-244-9996

****Fill in all applicable areas below & return the order form:**

Via Fax to: 908-788-5467 or scan and send Via Email to: NJLERC@aol.com

By Mail to: New Jersey Lions Eye Glass Recycling Center P.O. Box 7263; West Trenton, NJ 08628

Date of Request**:		Date Needed**:	
Organization**:		Contact Name**:	
Address**:		Phone**:	
		FAX:	
PURPOSE**: (Reason Eyeglasses are requested)			
		Destination**:	
Person to pick up eyeglasses**:		Phone**:	
Sponsoring Lions Club (if applicable)		Contact	

Orders are filled on a first come first served basis depending on availability. Allow 30 days to complete
Enter the number of eyeglasses needed within each vision category and type

SINGLEVISION+		SINGLE VISION -		BIFOCAL+		BIFOCAL-		READERS	
Type	Number	Type	Number	Type	Numbe	Type	Numbe	Type	Number
+0.25		-0.25		+0.25		-0.25		+0.25	
+0.50		-0.50		+0.50		-0.50		+0.50	
+0.75		-0.75		+0.75		-0.75		+0.75	
+1.00		-1.00		+1.00		-1.00		+1.00	
+1.25		-1.25		+1.25		-1.25		+1.25	
+1.50		-1.50		+1.50		-1.50		+1.50	
+1.75		-1.75		+1.75		-1.75		+1.75	
+2.00		-2.00		+2.00		-2.00		+2.00	
+2.25		-2.25		+2.25		-2.25		+2.25	
+2.50		-2.50		+2.50		-2.50		+2.50	
+2.75		-2.75		+2.75		-2.75		+2.75	
+3.00		-3.00		+3.00		-3.00		+3.00	
+3.25		-3.25		+3.25		-3.25		+3.25	
+3.50		-3.50		+3.50		-3.50		+3.50	
+3.75		-3.75		+3.75		-3.75		+3.75	
+4.00		-4.00		+4.00		-4.00		+4.00	
+4.25		-4.25		+4.25		-4.25		+4.25	
+4.50		-4.50		+4.50		-4.50		+4.50	
+4.75		-4.75		+4.75		-4.75		+4.75	
+5.00		-5.00		+5.00		-5.00		+5.00	
+5.25		-5.25		+5.25		-5.25		+5.25	
+5.50		-5.50		+5.50		-5.50		+5.50	
+5.75		-5.75		+5.75		-5.75		+5.75	
+6.00		-6.00		+6.00		-6.00		+6.00	
+7.00		-7.00		+7.00		-7.00		+7.00	
+8.00		-8.00		+8.00		-8.00		+8.00	
+9.00		-9.00		+9.00		-9.00		+9.00	
+10.00		-10.00		+10.00		-10.00		+10.00	
TOTALS									

Non-prescription Sunglasses needed (Cataract shades) _____