

Project Right to Sight Eyeglass Sorting

Club Name: _____

Print Lions First Name & Last Initial: _____

Date: _____

Count/Type of Glasses:

- _____ **Clear Rx – Prescription**
- _____ **Readers**
- _____ **Sunglasses Rx – Prescription**
- _____ **Sunglasses NOT Rx**
- _____ **Broken Frames**
- _____ **Soft Cases**
- _____ **Hearing Aids/Batteries**
- _____ **Cell Phones**
- _____ **Other:** _____

Complete and tape to larger side of sealed McFry box.

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