Project Right to Sight Eyeglass Sorting	Project Right to Sight Eyeglass Sorting
Club Name:	Club Name:
Print Lions First Name & Last Initial:	Print Lions First Name & Last Initial:
Date:	Date:
Count/Type of Glasses:	Count/Type of Glasses:
Clear Rx – Prescription	Clear Rx – Prescription
Readers	Readers
Sunglasses Rx – Prescription	Sunglasses Rx – Prescription
Sunglasses NOT Rx	Sunglasses NOT Rx
Broken Frames	Broken Frames
Soft Cases	Soft Cases
Hearing Aids/Batteries	Hearing Aids/Batteries
Cell Phones	Cell Phones
Other:	Other:

Complete and tape to larger side of sealed McFry box.

Complete and tape to larger side of sealed McFry box.