



**JASPER LIONS CLUB
P.O. BOX 51
JASPER, IN 47547-0051**

REFERRAL FORM FOR EYECARE / EYEGASSES ASSISTANCE

(COMPLETE ALL QUESTIONS)

Referral Date: _____

Referring Eyecare Provider/Specialist: _____

Signature: _____

Contact Name & Telephone: _____

Reason for Referral: _____

Do you provide a discount on goods and services for patients seeking financial assistance from the Jasper Lions Club? Yes _____ No _____

If yes, please describe the discount: _____

If no, why not and please indicate if you would be willing to provide a discount: _____

Referred Individual's Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ DOB: _____

If you have any questions concerning the form, please call Joe Cozza at 812-631-3859

**Please mail to: Jasper Lions Club
P.O. Box 51
Jasper, IN 47547-0051**