



Standard Matching Funds Request

Eye Exam and Glasses

*Email completed forms:
MatchingFunds@NCLionsInc.org*

Referring Lions Club Information	
Club	District
Daytime Phone	Email
I hereby certify that this request has been evaluated within the policies and procedures of our Lions Club and that we deem this individual worthy of assistance and all other sources of assistance have been exhausted.	
Print Name	Position
Signed	Date

Client Name <i>If additional clients, use separate sheet</i>	Services Provided By <i>Invoice(s) must be attached</i>	Services			Amount Paid
		Exam	Glasses	Service Date	
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Total					

Proof of payment must be attached
Maximum Reimbursement: \$100.00 per individual *Minimum Reimbursement: \$25.00 per individual*

NCLI Office Use Only



Standard Matching Funds Request

Eye Exam and Glasses

Client Name <i>If additional clients, use separate sheet</i>	Services Provided By <i>Invoice(s) must be attached</i>	Exam	Glasses	Service Date	Amount Paid
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
Total					