

# ANNUAL SIGHT ANNUAL SIGHT SUMMARY

---

Please complete and return this report on or before APRIL 1st  
 Mail to: District Sight Chair

**LIONS CLUB OF** \_\_\_\_\_

Club Sight Chairperson \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

SERVICE/ACTIVITY	PEOPLE SERVED	COST IF ANY
Eye examinations provided	_____	_____
Eye glasses	_____	_____
New glasses only	_____	_____
Used eyeglasses collected	_____	_____
New eye donor pledge cards	_____	_____
Eyes set and/or transported	_____	_____
Assistance with sight-related medical expenses	_____	_____
Programs/activities for visually-handicapped	_____	_____
Clinics and/or screenings	_____	_____
Braille watches/white canes/etc.	_____	_____
Large print/recorded books	_____	_____
Scholarships/camperships	_____	_____
Guide dogs provided/financed	_____	_____
Other (specify)	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

---

## Donations and Contributions

**Recipient**

**Dollar Amount**

LCIF for SightFirst

\_\_\_\_\_

Lions Eye Institute

\_\_\_\_\_

Vacation Camp for the Blind

\_\_\_\_\_

County Sight Group

\_\_\_\_\_

Guide Dog Schools

\_\_\_\_\_

Eye Bank and/or Sight Society

\_\_\_\_\_

Medical Institution (sight-related work or equipment)

\_\_\_\_\_

Juvenile Diabetes

\_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

Comments (optional)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance and cooperation in completing and submitting the report. Please date and sign this report as indicated. Moreover, advise your club president accordingly.

Dated: \_\_\_\_\_

Signed: \_\_\_\_\_