

**LCIF-VSP Gift Certificate Request Form**

**2021 Request Form**

VSP has partnered with the Lions Clubs International Foundation to provide adults and children in need with access to affordable or no-cost eye exams and eye glasses through local participating VSP Vision Care providers. Gift certificates are available to individuals in select Lions districts throughout the United States. More information about the VSP Gift Certificate program can be found at <https://vspglobal.com/cms/vspglobal-outreach/gift-certificates.html>.

*Note: All gift certificates will be issued to one representative in your district. If you are requesting certificates for your Lions Club event, please contact your District Governor or District Sight Chair for availability.*

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| --- | --- | --- | --- |
| **Date:** | |  | |
| **Name:** | | **Title:** | |
| **District:** |  | **State:** | |
| **Email:** |  | **Phone:** | |
|  | | | |
| **Mailing Address (No P.O. Box):** | | | |
| **City:** | | **State:** | **Zip:** |
|  | |  |  |
| **District Governor:** | | **Email:** | |

**Participating Lions Clubs in your district:**

**Certificate Type**

Please select the type and amount of gift certificates needed for your program. Certificates are issued on a first come, first served basis based on availability and usage. This form replaces the annual request submitted directly to VSP Global.

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| --- | --- | --- |
| **Program** | **Single District** | **Multiple District** |
| Eyes of Hope Full Coverage |  |  |
| Eyes of Hope Sight for Students |  |  |
| Eyes of Hope Materials Only |  |  |

**Eyes of Hope Full Coverage:** Individuals that meet the [VSP gift certificate program criteria](https://vspglobal.com/cms/vspglobal-outreach/gift-certificates.html). Services include a comprehensive eye exam, and if prescribed, an Altair® brand frame and single-vision or lined multi-focal lenses. They also cover low vision services and medically necessary contacts if diagnosis indicates.

**Eyes of Hope Sight for Students**: Children (ages 19 years old and younger) that meet the[VSP gift certificate program criteria](https://vspglobal.com/cms/vspglobal-outreach/gift-certificates.html). Services include a comprehensive eye exam, and if prescribed, an Otis & Piper Eyewear™ brand frame, single-vision or lined multi-focal lenses, and polycarbonate lenses. Lens enhancements may be available at an additional cost. They also cover vision therapy, low vision services and medically necessary contacts if prescribed..

**Eyes of Hope Materials Only:** Individuals that meet the [VSP gift certificate program criteria](https://vspglobal.com/cms/vspglobal-outreach/gift-certificates.html). For use by individuals who have vision exam coverage through an insurance program, including government programs, but whose coverage does not include materials (frame and lenses). They cover an Altair® brand frame and single-vision or lined multi-focal lenses.

**Usage Type** *(Select All That Apply)*

* Community Events
* Lions Vision Screening Event
* Educational Events
* Health Fairs
* Low Income Assistance Outreach Programs (Food Banks, Housing/Utilities Assistance, etc.)
* Other (Please Specify): \_school districts, reactively\_\_\_\_\_\_\_\_\_\_\_\_

**Reporting Requirements**

The LCIF-VSP gift certificate program is an in-kind, no-cost service provided to LCIF for select Lions clubs in the United States. LCIF asks all participating Lions clubs and districts to submit feedback surveys and client testimonials throughout the duration of the program.

Your reports and feedback provides valuable insight about the program to your districts, LCIF and VSP. Distribution of future certificates is contingent upon receiving completed reporting forms and surveys.

\_\_ I have read the reporting requirements and understand that our district will be asked to submit reporting forms, feedback surveys and recipient testimonials as requested by LCIF.

\_\_ I agree to participate in the 2019 LCIF-VSP program as outlined above.

**Please submit your completed form at** [**lcif-vsp@lionsclubs.org**](mailto:lcif-vsp@lionsclubs.org)**.**

**Thank you for your participation!**

***LCIF Staff Use Only***

* Date Received: Reporting Received:
* Date Issued: