

Eyeglass Order Form for Missions

Organization Requesting Glasses:

Name: _____
 501(c)3 Yes No
 Address: _____
 City, State, Zip: _____
 Contact Person: _____
 Phone Number: (____) _____ - _____
 Email: _____



The mission of the District 2E2 Eyeglass Recycling Center is to provide eyeglasses, when available and without cost, to those missions who have a method of determining the refractive status of the eye. **Glasses are packed in boxes of 50 for each 1/4 diopter.**

Missions are responsible for all shipping expenses.

GLASSES NOT FOR RESALE

Date Order Submitted: ____ / ____ / ____
 Date Order Needed: ____ / ____ / ____
 Location of Mission(s): _____
 Services Offered by Mission: _____
 Method used to determine the refractive status of the eye: _____

Single Vision Plus	Single Vision Minus	Readers
+0.25 _____	-0.25 _____	+0.25 _____
+0.50 _____	-0.50 _____	+0.50 _____
+0.75 _____	-0.75 _____	+0.75 _____
+1.00 _____	-1.00 _____	+1.00 _____
+1.25 _____	-1.25 _____	+1.25 _____
+1.50 _____	-1.50 _____	+1.50 _____
+1.75 _____	-1.75 _____	+1.75 _____
+2.00 _____	-2.00 _____	+2.00 _____
+2.25 _____	-2.25 _____	+2.25 _____
+2.50 _____	-2.50 _____	+2.50 _____
+2.75 _____	-2.75 _____	+2.75 _____
+3.00 _____	-3.00 _____	+3.00 _____
+3.25 _____	-3.25 _____	+3.25 _____
+3.50 _____	-3.50 _____	+3.50 _____
+3.75 _____	-3.75 _____	+3.75 _____
+4.00 and up _____	-4.00 and up _____	+4.00 and up _____

Non prescription sunglasses _____
 (Box of 50)

**EMAIL COMPLETED FORM TO:
 2E2ERC1854@GMAIL.COM**