



Lions Clubs International
FOUNDATION

LCIF-VSP Gift Certificate Request Form

2024 Request Form

VSP Eyes of Hope 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 eyeglasses 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 Eyes of Hope Gift Certificates Program can be found at giftcertificates.vspeyesofhope.com.

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.

Date:

Name:

Title:

District:

State:

Email:

Phone:

Physical Mailing Address (No P.O. Boxes Allowed):

City:

State:

Zip:

District Governor:

Email:

Participating Lions Clubs in your district:

Please indicate the quantity 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.

Quantity

☐ **Single District**

☐ **Multiple Districts**

Gift certificates are for individuals that meet the [VSP gift certificate program criteria](#).

Services include a comprehensive eye exam, and if prescribed, prescription glasses with a Marchon® or Altair® brand frame within the allowance and single-vision or lined multifocal lenses. They also cover low vision services and medically necessary contacts if diagnosis indicates.

Polycarbonate lenses and a portion of vision therapy (if prescribed) are also covered for children through 19 years of age. Lens enhancements may be available at an additional cost.

Individuals who have vision exam coverage through an insurance program, including government programs, but whose coverage does not include materials (frame and lenses), are eligible to use a gift certificate to cover their prescription glasses.

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 2024 LCIF-VSP program as outlined above.

Please submit your completed form at lcif-vsp@lionsclubs.org.

Thank you for your participation!

LCIF Staff Use Only

☐ Date Received:

Reporting Received:

☐ Date Issued: