



# MOBILE RETINAL UNIT SCREENING

## Sponsor Request Form

Lions of Illinois Foundation  
2254 Oakland Dr.  
Sycamore, IL 60178  
Attn: Diabetic Vision Screening  
Phone: 815-756-5633 X 240  
Fax: 815-748-9087  
[ffisher@lifnd.org](mailto:ffisher@lifnd.org)

Lions Club \_\_\_\_\_ District \_\_\_\_\_

President \_\_\_\_\_ Email \_\_\_\_\_

Home/Bus. Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

.....  
\_\_\_\_ Yes, we would like to have the screening on \_\_\_\_\_  
(Date)

This is a **Health Fair** \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Time)

### Exact Location of Screening Site:

Name of Facility/Location \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Additional Information \_\_\_\_\_

Phone # (nearest to screening site I.C.E.) \_\_\_\_\_

Please provide any additional info for driver (specific to the location, i.e. map, etc. on back).

### Lion in Charge of the Screening:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### Alternate contact:

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

.....  
\_\_\_\_ NO, we are unable to sponsor the screening as scheduled. Reason \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

**PLEASE COMPLETE ENTIRE FORM AND RETURN TO: Lions of Illinois Foundation**