



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
tfisher@lifnd.org

Lions Club _____ District _____

President _____ Email _____

Home/Bus. Phone # _____ Cell Phone # _____

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____ 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 # _____

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____ NO, we are unable to sponsor the screening as scheduled. Reason _____

Signature _____ Title _____

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