

Eyeglass Order Form for Missions

Organization Name: _____

501(c)(3)? Yes No

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone Number: (_____) _____ - _____

Email: _____



GLASSES ARE NOT FOR RESALE

The mission of the District 2-E2 Eyeglass Recycling Center is to provide eyeglasses, when available and without cost, to those missions who have a method to determine the refractive status of the eye. **Missions are responsible for all shipping expenses.**

Date Order Submitted: _____ / _____ / _____ Needed: _____ / _____ / _____

Mission Destination(s) [Province/Country]: _____

Method used to determine refractive status of the eye: _____

Glasses are packed in boxes of 50 for each 0.25 diopter

Single Vision Plus				Single Vision Minus				Readers			
Diopter	# 50-Count Boxes	# of Glasses	[ERC Use] Filled	Diopter	# 50-Count Boxes	# of Glasses	[ERC Use] Filled	Diopter	# 50-Count Boxes	# of Glasses	[ERC Use] Filled
+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	_____	_____	_____	-4.00	_____	_____	_____	+4.00	_____	_____	_____
+4.25	_____	_____	_____	-4.25	_____	_____	_____	+4.25	_____	_____	_____
+4.50	_____	_____	_____	-4.50	_____	_____	_____	+4.50	_____	_____	_____
+4.75	_____	_____	_____	-4.75	_____	_____	_____	+4.75	_____	_____	_____
+5.00+	_____	_____	_____	-5.00+	_____	_____	_____	+5.00+	_____	_____	_____

Non-prescription sunglasses: _____
(Box of 50)

EMAIL COMPLETED FORM TO:
2e2erc1854@gmail.com

Date Glasses Pulled : _____

Date Order Picked Up: _____

Pulled By: _____

Picked Up By: _____

District 2-E2 Eyeglass Recycling Center Testimonial Form

Name: _____

Organization Name: _____

Address: _____

Email: _____ Phone: _____

Your Testimonial:

Please share how the eyeglasses provided to your organization have impacted your organization and those that your mission serves. What challenges did they help you overcome for those that you serve? What do you appreciate most about our services?

How should the author of the testimonial be credited? (Check one)

- Use my full name and my organization's name
- Use my initials and my organization's name
- Use my organization's name only
- Keep it anonymous

May we include a photo of you and/or your organization's logo with the testimonial? (Check as applicable)

- YES** My photograph, which I am providing/will provide
 My organization's logo, which I am providing/will provide
- NO** My photograph
 My organization's logo

By submitting this testimonial, the District 2-E2 Eyeglass Recycling Center is granted permission to use this testimonial, including my name and the name of the organization (as indicated), for marketing purposes such as websites, social media, and promotional materials.

Signature: _____ Date: _____