

Eyeglass Order Form for Missions

Organization Name: _____

Tax Exempt? Yes No Tax ID No: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Email: _____



Our District 2-E2 Eyeglass Recycling Center mission is to provide eyeglasses, when available, and without cost to non-profit organizations that have a method for determining 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: _____