



Lions Assistance Survey

Lions Club Name: _____

Lions Club City/Location: _____

Tell Us About Your Club

Club Contact (Name and Title): _____

Phone: _____ Email: _____

What is your preferred method of contact?: Phone Email Text Message

Tell Us About the Assistance You Provide

We are excited to partner with more Lions Clubs next year to ensure that children get the vision care they need! Please use the contact information below to email or mail this form to us!

Mail to:
KidSight
10560 N Ambassador Drive,
Suite 210,
Kansas City, MO 64153

or Email us at:
partnership@kid-sight.org