



DATE:

VOUCHER #:

Save Our Children's Sight Fund

New Mexico Lions Operation Kidsight, Inc.

Brenda Dunn, Program Manager

1501 North Solano Drive, Las Cruces, NM 88001

575-525-5631 Fax: 575-524-1699

nmlionskidsight@gmail.com

www.nmlionskidsight.com

Approval for Eye Exam/Glasses

To:

This is to notify you that _____ has been recommended for a dilated eye exam and glasses based on a previous screening. SOCSF/NMLOKS has approved this request. Please bill us accordingly.

Thank you.

Program Manager, NMLOKS, Inc.