



Dell Rapids Lions Club Sight Conservation Committee
EYE CARE PRESCRIPTION VOUCHER



Present to: _____
Optometrist/M.D./Clinic

In the amount of _____ dollars \$ _____

Recipient(s): _____

Please confirm with _____ *Signed* _____

Name

Phone

Club Officer

SEE REVERSE SIDE



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Attention Service Provider...

For reimbursement, please contact the Dell Rapids Lions Club Treasurer:

Phone

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