

**WISCONSIN LIONS FOUNDATION INC.**  
**EYEGLASS RECYCLING CENTER**  
**3834 COUNTY ROAD A, ROSHOLT, WI 54473**  
**1-715-677-4969    1-715-677-4527 (FAX)**  
**EMAIL: [wilionserc@wlfinc.org](mailto:wilionserc@wlfinc.org)**  
**WEBSITE: [www.wisconsinlionsfoundation.org](http://www.wisconsinlionsfoundation.org)**

## **MISSION EYEGLASS DISTRIBUTION REPORT**

MISSION/ORGANIZATION NAME \_\_\_\_\_

MISSION/ORGANIZATION ADDRESS \_\_\_\_\_

MISSION/ORGANIZATION CONTACT PERSON \_\_\_\_\_

CONTACT PERSON PHONE/EMAIL \_\_\_\_\_

MISSION DATE FROM \_\_\_\_\_ TO \_\_\_\_\_

CITY OR COUNTRY RECEIVING GLASSES \_\_\_\_\_

NUMBER OF GLASSES TAKEN TO THE MISSION \_\_\_\_\_

NUMBER OF PEOPLE SERVED ON THE MISSION \_\_\_\_\_

NUMBER OF PEOPLE FITTED WITH GLASSES \_\_\_\_\_

WERE LIONS CLUBS INVOLVED IN YOUR MISSION?      YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHICH LIONS CLUBS WERE REPRESENTED \_\_\_\_\_

PERMANENT DISTRIBUTION CLINIC?      YES \_\_\_\_\_ NO \_\_\_\_\_

Please return this report within two weeks of the completion of the mission to:

**Wisconsin Lions Foundation, Inc.**  
**Eyeglass Recycling Center**  
**3834 County Road A**  
**Rosholt WI 54473**

**Failure to return this report may result in the denial of future  
requests for mission eyeglasses.**

