

REQUEST FOR ASSISTANCE RELATED TO VISION

To: The Officers of the California Visual Research Foundation, Inc., of the Independent Order of Odd Fellows:

Dear Brothers and Sisters,
(Please Print)

I, _____, a member of
_____ Lodge No. _____

in _____ California, am in need of the following assistance relating to vision, which exceeds my current financial resources:

- _____ Financial aid in order for me to see an ophthalmologist.
- _____ I do not have Medicare or other Insurance.
- _____ I cannot afford the co-pay for Medicare or my Insurance.

_____ A referral from my ophthalmologist to the Wilmer Eye Institute. Please provide a Referral Form. My Lodge will send it and a letter confirming my status to my Ophthalmologist: (name) _____

(address) _____
(city) _____, CA _____.

- _____ Financial aid for a vision test and/or the purchase of eye glasses.
- _____ An Imaging devise (Video Eye) to project an enlarged image of written material onto a flat screen television screen or similar display.
- _____ An Apple I Pad: A portable Tablet that enlarges and has a stand to use on a desk.

_____ A lighted magnifying lens (a Big Eye Lamp) to aid me in reading or doing close work.
_____ Other: _____

Signed: _____

Phone:() _____

Mailing Address: _____

City, State, Zip: _____

Attested: This request was reviewed by an appropriate committee of our lodge and approved by vote of the Lodge on:

(Date) _____, 20____

(SEAL) _____, Noble Grand

_____, Secretary

_____ Lodge No. _____

Mail completed form to: **Grand Lodge of California, 122 RACE ST, SAN JOSE CA 95126**

Or Email form to: marlang@msn.com

Visual Research Director: Mary Lou Lang
11220 Monterey CT, Cupertino, CA 95014

*Retain a copy of this form for your files.