

Ohio Lions Foundation

P.O. Box 21016
Columbus, Ohio 43221-0016

Please return complete application and checks to the District OLF Trustee for processing.

Application for Low Vision Reader Matching Grant

A. Lions Club making application: _____

B. Name & address of contact person: _____

C. Phone number of contact person: _____

D. E-mail address of contact person: _____

E. Name & address of library or senior center where unit will be placed:

I hereby certify that the above named Lions Club is requesting matching grant funding from the Ohio Lions Foundation for a low vision reader unit. I understand that upon O.L.F. approval of the matching grant, the Lions Club will be responsible for ordering the unit and paying half the cost.

F. Signature of Lions Club contact person: _____

G. Date: _____ Printed Lion contact name: _____

H. District: _____ OLF Trustee: _____

I. Attach copy of the letter required form the library/senior center.

Send this completed application to:
Your District OLF Trustee for processing