

OHIO LIONS FOUNDATION

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

Application for Low Vision Reader Matching Grant

A. Name of Lions Club(s) making application:

B. Name and address of contact person:

C. Phone number of contact person: () _____

D. Email address if available: _____

E. Name and address of local library in which the unit will be placed:

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

F. Signature of Lions Club contact person: _____

G. Date _____

H. Attach a copy of the required letter from the local library.

Send this application and the library's letter to:

Ohio Lions Foundation
Box 21016
Columbus, Ohio 43221-0016