



CANE REQUEST FORM

CLIENT:

Name of Blind Person _____ County _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number _____

Directions _____

TYPE OF REQUEST:

First Time Request Replacement Request

Canes must be measured and fitted to the individual. A visually impaired person needs special training on how to use a cane. All first time requests should be handled by an Orientation and Mobility Specialist. Replacement canes should be delivered by a local Lion.

TYPE OF CANE REQUESTED:

Support Cane (Rubber Tip)	<input type="checkbox"/> 34"	<input type="checkbox"/> 36"	<input type="checkbox"/> 38"	<input type="checkbox"/> 40"	<input type="checkbox"/> 42"
Europa Folding Aluminum Cane	<input type="checkbox"/> 40"	<input type="checkbox"/> 42"	<input type="checkbox"/> 44"	<input type="checkbox"/> 46"	<input type="checkbox"/> 48"
(Rubber Golf Grip, Nylon Tip)	<input type="checkbox"/> 50"	<input type="checkbox"/> 52"	<input type="checkbox"/> 54"	<input type="checkbox"/> 56"	
Straight Aluminum Cane	<input type="checkbox"/> 40"	<input type="checkbox"/> 42"	<input type="checkbox"/> 44"	<input type="checkbox"/> 46"	<input type="checkbox"/> 48"
(Nylon Tip)	<input type="checkbox"/> 50"	<input type="checkbox"/> 52"	<input type="checkbox"/> 54"	<input type="checkbox"/> 56"	

REQUEST SUBMITTED BY:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Lions Club _____ District _____

MAIL CANE TO:

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone Number _____

Lions Club _____ District _____

MAIL FORM TO:
 NORTH CAROLINA LIONS FOUNDATION
 PO BOX 39
 SHERRILLS FORD, NC 28673
 1-800-662-7401
 FAX: 828-478-4419

NCLF USE ONLY
 DATE MAILED _____
 MAILED BY _____