

**NORTH CAROLINA LIONS FOUNDATION, INC.
CANE REQUEST FORM**

CLIENT:		
Name of Blind Person	County	
Mailing Address		
City	State	Zip
Phone Number		
Directions:		
TYPE OF REQUEST:		
First Time Request <input type="checkbox"/> Replacement Request <input type="checkbox"/>		
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 (Rubber Golf Grip, Nylon Tip)	<input type="checkbox"/> 40" <input type="checkbox"/> 42" <input type="checkbox"/> 44" <input type="checkbox"/> 46" <input type="checkbox"/> 48" <input type="checkbox"/> 50" <input type="checkbox"/> 52" <input type="checkbox"/> 54" <input type="checkbox"/> 56"	
Straight Aluminum Cane (Nylon Tip)	<input type="checkbox"/> 40" <input type="checkbox"/> 42" <input type="checkbox"/> 44" <input type="checkbox"/> 46" <input type="checkbox"/> 48" <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

NCLF USE ONLY
 DATE MAILED _____
 MAILED BY _____