

# SEASIDE EYECARE COMMUNITY OUTREACH CAMPAIGN

***Seaside Eyecare would like to help you help your neighbor!***

Do you have a friend or know someone in your community who is in a desperate need of an eye exam or glasses but can't afford it due to financial hardship?

Submit us a written story about your friend's situation and why they deserve our help. We will select one person every other month and provide him/her with a FREE eye exam and/or glasses.

Go to our website [www.seasideeyecare.com](http://www.seasideeyecare.com) to submit your story.

\*You must be an active Seaside Eyecare patient to nominate someone in need. Family members are not eligible.

## Seaside Eyecare Community Outreach Campaign Submission Form

Your Name(Seaside Eyecare Patient):

Your Contact Number:

Your Email Address:

You're submitting this form for:

NAME:

AGE:

GENDER:

CITY OF RESIDENCE:

OCCUPATION:

NEEDS: \_\_\_\_\_ EXAM \_\_\_\_\_ GLASSES \_\_\_\_\_ BOTH (check one)

Does he/she currently wear glasses?

TELL US A LITTLE BIT ABOUT THIS PERSON, HIS/HER HARSHIP, AND WHY YOU THINK THEY DESERVE OUR HELP (use a separate paper if more space is needed)

Thank you for partnering with us in making a difference in someone's life!!!