



Participating Kiwanis Club:

Club: _____

Address: _____

City: _____

Number of pairs of glasses in this carton:

SHIP TO:

**KIWANIS FOR
EYECARE WECARE FOUNDATION, INC.
304 NORTH TALBOT STREET
MONTESANO, WASHINGTON 98563**

ATTN: DR. WEYRICH, O. D.



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