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(ON LETTERHEAD)

**SAMPLE LETTER FOR LENS CRAFTERS GIFT OF SIGHT PROGRAM**

**REFERRAL FOR GLASSES AND EXAM**

Date \_\_\_\_\_

LensCrafters Gift of Sight

(address)

(city, state, zip)

Attention: \_\_\_\_\_

NAME: (client)

DOB:

TEL:

Dear \_\_\_\_\_,

I am the case manager/title for \_\_\_\_\_ (name of client).

\_\_\_\_\_ (Agency name) is a 501(c)(3) nonprofit organization, tax ID number 95-XXXXXXX.

\_\_\_\_\_ (Agency name) mission or brief description

(Short paragraph with description of client situation and need)

Thank you very much.

\_\_\_\_\_  
Case Manager (or your title)