



**RAGFL Charitable Foundation  
Project Vision 2010 Application Form**  
Applications must be completed in full for consideration.  
Applications will be considered in the order they were postmarked.

Mail to:

REALTOR® Association of Greater Fort Lauderdale, Inc. (RAGFL)  
ATTN: Kathie McEvoy/ PROJECT VISION  
1765 NE 26 Street, Fort Lauderdale, FL 33305-1438

**The Charitable Foundation’s PROJECT VISION program has been set-up for Realtor members and their immediate families.**

A ‘PROJECT VISION’ grant of up to \$100 per Realtor and per Realtor family member will be paid directly to a vision doctor or eye care center for vision care performed on **APPROVED** applicants. **“PROJECT VISION’ grants are limited to RAGFL members and their immediate household.** (For the purpose of this application, a family household will be considered to be the Realtor/Member, spouse or life partner, mother or father or a dependent child, that resides at the Realtor/Member’s address.) All applications will be approved or disapproved at the total discretion of the Charitable Foundation.

**APPROVED VISION CARE MUST BE COMPLETED ON OR BEFORE SEPTEMBER 30, 2010.**

Vision Doctor or Care Center Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Realtor Name: \_\_\_\_\_  
Patient: Self \_\_\_\_\_ Household Member Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Realtor/Applicant’s Mailing Address: \_\_\_\_\_

(Must match address on vision invoice)  
Contact Tel #: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Realtor License #: \_\_\_\_\_ Realtor Company/Broker \_\_\_\_\_

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**THE CHARITABLE FOUNDATION & THE REALTOR® ASSOCIATION OF GREATER FORT LAUDERDALE WILL BE HELD HARMLESS AND FULLY INDEMNIFIED AGAINST ANY AND ALL PROVIDED CARE FROM APPLICANT, CHOSEN VISION CARE PROVIDER OR EYE CARE CENTER.**