



GLOBAL
VISION 2020

HELPING THE WORLD
SEE CLEARLY

Distributors Application Letter

1) Name of Organization: _____

2) Point of Contact: _____
(Name) (Phone Number)

(E-Mail) (Address)

3) Country(s) of Operation: _____

4) Organizations Primary Mission: _____

5) Concept of Delivery: _____
(i.e.: Full time staff at local facility / two week deployment with 15 people / etc.)

6) Required Delivery Date (if distribution is tied to a deployment): _____

7) Expected Delivery Amount of Glasses: _____

8) Recurring Requirement (i.e.: Annual / Semi-Annual / TBD): _____

9) Organizational Website: _____

10) Preferred Delivery Location: _____

11) Additional Information: _____

(Signature of POC)

(Date)

Please complete form and return via e-mail to: jkw@gv2020.org