

IN KIND DONATION FORM

Donor's Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Please describe items donated:

Hearing Aid Donation:

Model: _____ Vendor: _____

Type: (BTE or ITE) _____ Year: _____

Please Mail donations to:

Development Department
Hearing Speech & Deaf Center
2825 Burnet Ave. #330
Cincinnati, OH 45219-2426

Signature

FOR OFFICE USE

Need description of contents from Audiologist/Office Manager

Thank You letter