



# Donation Form

Thank you for your donation to Hearing Speech + Deaf Center! Please fill out this form and return to us so that we can make sure your gift is acknowledged and put in use appropriately.

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

(Please print/type clearly)

**Business / Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Description of goods/services:**

List (or attach a List of) the items donated (if applicable). See back for more details.

The Hearing Speech + Deaf Center cannot determine the value of in-kind donations. It is up to the donor to determine the fair market value of the goods and/or services being donated. Donors may wish to get a professional valuation on gifts over \$250.

**Do you want your donation to go to a specific program?** If so, please list it here. Otherwise, your donation will go to wherever it is most needed.

**Program:** \_\_\_\_\_

<p><b>Office use:</b></p> <p><input type="checkbox"/> Received when _____ and who took it (Print) _____</p> <p><input type="checkbox"/> Received description of contents from specific program</p> <p><input type="checkbox"/> Thank you Letter completed</p>
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**Please mail/drop off this form and the goods to:**  
Hearing Speech + Deaf Center / Development Dept.  
2825 Burnet Ave Suite 330  
Cincinnati, Ohio 45219

**To be completed by Hearing Speech + Deaf Center personnel.**

**Hearing Aid Donation:**

Model: \_\_\_\_\_ Vendor: \_\_\_\_\_  
Type: \_\_\_\_\_ Year: \_\_\_\_\_  
 Invisible-In-The-Canal (IIC) Quantity: \_\_\_\_\_  
 Completely-In-Canal (CIC)  
 In-The-Canal (ITC)  
 In-The-Ear (ITE)  
 Receiver-In-Canal (RIC)  
 Behind-The-Ear (BTE)  
 Cochlear Implant (CI)

Model: \_\_\_\_\_ Model: \_\_\_\_\_  
Type: \_\_\_\_\_ Year: \_\_\_\_\_  
 Invisible-In-The-Canal (IIC) Quantity: \_\_\_\_\_  
 Completely-In-Canal (CIC)  
 In-The-Canal (ITC)  
 In-The-Ear (ITE)  
 Receiver-In-Canal (RIC)  
 Behind-The-Ear (BTE)  
 Cochlear Implant (CI)

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**Assistive Listening Device Donation:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Type: \_\_\_\_\_ Year: \_\_\_\_\_  
Quantity: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Type: \_\_\_\_\_ Year: \_\_\_\_\_  
Quantity: \_\_\_\_\_

**Other Goods Donation:**

Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_