



HEARING AID DONATIONS



Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____ Number of Hearing Aids: _____

This donation is.....

☐ In memory of _____

☐ In honor of _____

☐ Valued at \$ _____

Please **ONLY** send us hearing aids and unopened and unexpired hearing aid batteries. Do not send cases, booklets, etc.

Upon completion of this form, please mail this form and your generous donation to:

Sertoma Speech & Hearing Foundation

5211 US Hwy 19, Ste 200

New Port Richey, FL 34652

A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE OR GO TO WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. CH1750. Please note that your contribution is deductible to the fullest extent of the law, since no goods or services were provided in consideration of this gift. We retain no professional solicitors and our Foundation receives 100% of each contribution. Please keep this letter for your records.