



HEARING AID DONATIONS

We greatly appreciate your generous donation which will give the gift of better hearing to someone in need. Thank you!

Please complete the information below so we can send you a note of thanks.

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Number of Hearing Aids: _____

THIS DONATION IS...

☐ In memory of _____

☐ In honor of _____

☐ Valued at \$ _____

Please ONLY send hearing aids and unopened, unexpired hearing aid batteries. DO NOT send cases, booklets, etc. Please mail this form, keeping a copy for your records, and your generous donation(s) to the address listed below:

SERTOMA SPEECH & HEARING FOUNDATION

Attention: Clinic

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. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. REGISTRATION CH1750. Please note that your donation 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 donation.

EIN: 59-2182519 www.sertomashf.org

Phone: 727-312-3881 Fax: 727-807-6172 Email: info@sertomashf.org