



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: _____

Office use:

- Received when _____ and who took it (Print) _____
- Received description of contents from specific program
- Thank you Letter completed

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)

Assistive Listening Device Donation:

Make: _____ Model: _____
Type: _____ Year: _____
Quantity: _____

Make: _____ Model: _____
Type: _____ Year: _____
Quantity: _____

Other Goods Donation:

Make: _____ Model: _____
Make: _____ Model: _____
Make: _____ Model: _____