



# Print Donation Form

Fields marked with an asterisk(\*) are required.

Your tax-deductible contribution to Hearing Health Foundation (HHF) supports groundbreaking research investigating prevention, treatment, and cures for hearing loss, tinnitus, and related hearing and balance conditions.

### Your support matters. We appreciate it!

#### Here's how to make a difference:

**Online:** [hhf.org/donate](http://hhf.org/donate)

#### Mail a check with this form enclosed:

Hearing Health Foundation  
PO Box 1397  
New York, NY 10018

#### By phone:

212.2576410 or TTY 888435.6104

#### By email:

[info@hhf.org](mailto:info@hhf.org)

HHF also happily accepts gifts from your donor-advised fund (DAF) For more information, see [hhf.org/daf](http://hhf.org/daf).

**Thank you for your gift. We will mail an acknowledgment letter to you.**

**Gift Amount\* \$** \_\_\_\_\_

One-time  Monthly, I'd like to become a Research Pioneer

Designation\*  Area of Greatest Need  Hearing Research

Check enclosed (Make payable to Hearing Health Foundation)

Credit Card  Visa  MasterCard  Amex  Discover

Credit Card Number\* \_\_\_\_\_

Expiration date (month/year)\* \_\_\_\_/\_\_\_\_ CSC/CVV\* \_\_\_\_

Signature\* \_\_\_\_\_

Salutation\*  Mr.  Mrs.  Miss  Ms.  Mx.  Dr.

Full name\* \_\_\_\_\_

Address \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_ Zip\* \_\_\_\_\_

Country\* \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

I've enclosed a copy of my company's matching gift form.

#### I'd like to make a Tribute or Memorial Gift, with a \$25 minimum:

Type of tribute\*  In Honor of  In Memory of

Name of person being honored or remembered\*

\_\_\_\_\_

Please send a tribute acknowledgment to:

Salutation\*  Mr.  Mrs.  Miss  Ms.  Mx.  Dr.

Full Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_

Zip\* \_\_\_\_\_ Country\* \_\_\_\_\_