

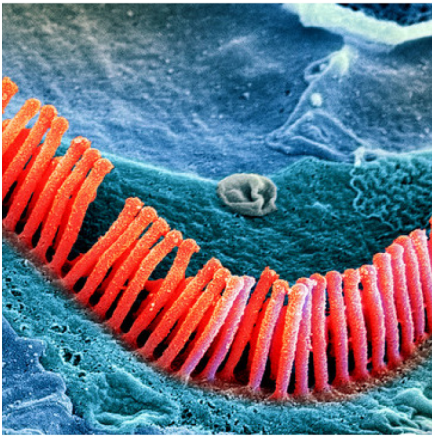
# MONTHLY DONATION FORM

Your tax-deductible contribution to Hearing Health Foundation (HHF) supports ground breaking research into the treatment, cure and prevention of hearing loss and tinnitus. You may provide your charitable gift to HHF online, or by mail, phone, email, or fax.

**ONLINE**  
hhf.org/monthly

**MAIL**  
Hearing Health Foundation  
363 Seventh Avenue, 10th Floor  
New York, NY 10001-3904

**PHONE** 212.257.6140 or (TTY) 866.454.3924  
**EMAIL** info@hhf.org  
**FAX** 212.257.6139



*This image is of sensory hair cells in the adult mammalian inner ear. The goal of HHF's Hearing Restoration Project is to determine how to regrow these hair cells in humans.*



**Yes, I want to support HHF with a monthly gift of: \$ \_\_\_\_\_**

☐ Check enclosed (please make your check payable to "HHF").  
Credit Card: ☐ Discover ☐ VISA ☐ MasterCard ☐ Amex

Fields marked with an asterisk (\*) are required.  
Credit card number\* \_\_\_\_\_  
Expiration date (month/year)\* \_\_\_\_/\_\_\_\_ CSC\*: \_\_\_\_\_  
Signature\* \_\_\_\_\_

Salutation\* ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.  
First Name, Middle Initial, Last Name\* \_\_\_\_\_  
Billing Address\* \_\_\_\_\_  
City\* \_\_\_\_\_  
State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_  
Country (if not U.S.)\* \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
☐ I've enclosed my company's matching gift form.

**Tribute or Memorial Gifts only:**  
If you are making a general donation, please leave this section blank.  
Type of tribute\* ☐ In Honor of ☐ In Memory of  
Name of person(s) being honored or remembered\* \_\_\_\_\_  
\_\_\_\_\_  
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**Please send tribute acknowledgment to:**  
Salutation\* ☐ Mr. ☐ Mrs. ☐ Miss ☐ Ms. ☐ Dr.  
Full Name\* \_\_\_\_\_  
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Thank you for your generous gift. An acknowledgment letter will be mailed to you.

