



Print Donation Form

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

Mail a check with this form enclosed:

Hearing Health Foundation
PO Box 1397
New York, NY 10018

By phone:

212.257.6140 or TTY 888.435.6104

By email:

info@hhf.org

HHF also accepts gifts from your donor-advised fund (DAF).

For more information, see hhf.org/daf.

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

Fields marked with an asterisk(*) are required. Thank you for printing clearly.

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 (\$25 minimum, please):

If you are making a general donation, leave this section blank.

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* _____