



DONATION FORM

Thank you for donating to the Central Oklahoma Chapter of the Hearing Loss Association of America. Your contribution helps us bring hearing awareness and access to Oklahomans with Hearing Loss.

Please print name clearly as you wish it to appear on tax receipt.

Name _____
 Company Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Email: _____
 Phone: _____

Please mail this form with your donation to:

P.O. Box 42801
 Oklahoma City, OK 73123-2801

or donate online at
oklahomahearingloss.org

- All donations are 100% tax deductible, tax receiptable, and non-refundable.
- Our chapter offers free presentations for your team and handouts about hearing loss awareness and prevention.
- Visit our website offer information to help start the Hearing Loss conversation in your organization.

CHOOSE YOUR LEVEL OF DONATION

<input type="checkbox"/>	Diamond.....	\$2500. ⁰⁰
<input type="checkbox"/>	Ruby.....	\$1500. ⁰⁰
<input type="checkbox"/>	Emerald.....	\$1000. ⁰⁰
<input type="checkbox"/>	Platinum.....	\$500. ⁰⁰
<input type="checkbox"/>	Other.....	\$ _____

PAYMENT OPTIONS

Check

Single payment in full only. Please make checks payable to: COC-HLAA.

Online

Visit oklahomahearingloss.org for PayPal payments.

Credit Card

Payments commence immediately upon processing this form by HLAA.

Card Number _____
 Name on Card _____
 Expiration Date _____
 CIV _____ Billing Zipcode _____