HEARING AND SPEECH CENTER
a non-profit clinic, school & community

Hearing Aid Donation Form

Please review before filling out form on the flip side.

- **Any items must be verified that they meet our acceptable donations guidelines. Behind-the-Ear or Receiver- in-Ear hearing aids from Oticon, Phonak, Widex, Starkey or Resound (excluding Costco purchased items).**
- **Only hearing aids and NO ACCESSORIES are accepted to receive a tax donation.**
- **Hearing aid donation form must be filled out with donor's contact information.**
- **If any questions about donations, please refer to Clinical Practice Manager for assistance (any audiologist can also verify hearing aids).**
- **Hearing aids that do not meet our criteria, may be donated to Ear of the Lion.**
  Ear of Lion -850 San Jose Ave. Suite 115, Clovis, CA 93612.
  Phone 8oo- 327-8077
- **FM systems, hearing aid accessories, batteries, battery chargers, phones, clocks, etc. will NOT be accepted.**
- **A copy of this form shall be given to the donor.**

Once verified items have been processed, a tax donation letter will be sent to the donor listed on this form. If tax donation letter has not been received within a month of donation, please contact Clinical Practice Manager for assistance: Jessie at 415-921-7658.

I have read the above and agree to the donation terms: _____
Signature

Hearing Aid Donation Form

Thank you for your interest in donating a hearing aid to the Hearing and Speech Center of Northern California. Your donation is tax-deductible as allowed by law, however, the Hearing and Speech Center will not evaluate the value of the hearing aid.

We only accept Behind-the-Ear hearing aids from manufacturers that we work with. Please be sure to verify that we accept your donation. We DO NOT accept any other hearing devices, accessories, phones, etc.

Would you like a tax receipt for your donation?

☐ Yes ☐ No If yes, please fill out the information below.

Name of donor:	
Address:	
City, State Zip:	
Phone and/or email address:	
Date of Donation :	
Number of BTE Hearing Aids:	
Hearing Aid Manufacturer: (circle one)	Oticon Phonak Widex Starkey Resound
Model (if known):	
Serial number (if known):	

Signature of donor: _____ Date: _____

For internal use:

Date Received: _____

Recorded by: _____