

HEARING AID DONATION AUTHORIZATION

I, _____, hereby authorize the hearing aids I own to be donated for charity purposes to one of the organizations referenced in the list annexed hereto, to be used by an underprivileged individual who has hearing difficulties at the time of my death and/or [permanent] incapacity, provided that these hearing aids are determined to no longer be of use to me.

I declare and confirm that I am fully aware and understand that the list of organizations annexed hereto collect and donate hearing aids to people with hearing loss that can not afford hearingaids.

I further acknowledge that I am fully aware and understand that by signing below, I hereby authorize _____ to donate my hearing aids referenced below to be provided to an underprivileged person with hearing loss upon my death and/or [permanent] incapacity provided that it is determined by _____ that my hearing aids are no longer of use to me.

Hearing Aids Information

Place of purchase: _____ Date of purchase: _____

Authorizing Person's Information

Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Signature: _____ Date: _____

Facilitator's Information

Full Name: _____

Address: _____

Phone Number: _____ Email Address: _____

Enclosure

ORGANIZATIONS

Hearing Aid Project

Olive Osmond Hearing Fund

Hearts 4 Hearing

Give Hear

Audicus

Texas Hearing Institute



I, _____, hereby request the hearing aids I own to be donated for charity purposes at the time of my death and/or incapacitation or at a time where these hearing aids are rendered to no longer be of use to me by _____. Signature: _____ Date: _____ Organization: _____ Facilitators Contact No: _____ Facilitators Email: _____