

Mail us your Hospital Kit order. Print out this form and mail it to the address below, along with your check made out to Hearing Loss Association of Washington:



Hearing Loss Association of Washington
4820 156th Place SW
Edmonds, WA 98026-4846

Hospital Kit

Name _____

Address _____

City _____

State _____ Zip _____

E-mail: _____

Phone (optional): _____

- I would like to order _____ Hospital Kits (\$10 each).
- I would like to add an additional donation of \$_____ to support the HLA-WA.
- I would like this donation to be anonymous. (All donations are acknowledged in Sound Waves.)

Please tell us how you learned about the Hearing Loss Association of Washington:

Donations to HLA-WA and HLAA are eligible for income tax deductions as provided in Section 501(c)(3) of the Internal Revenue Service Code.

Thank you for helping to make hearing loss an issue of national concern.