



## DONATION FORM

Please print this form, fill out the information below and keep a copy for your records. Place the completed form and your donated device in a crush-proof box, old pill bottle or other secure package, and send them to: **818 East Main St, Riverhead NY 11901**

**Donor Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Device Donated:** \_\_\_\_\_

**Number of Devices Donated: (circle)**

1    2    3    4    5    6    7    8    9    10

**Serial Numbers: (if known)** \_\_\_\_\_  
\_\_\_\_\_

**How did you hear about McGuire's Recycling Program? (optional)** \_\_\_\_\_  
\_\_\_\_\_

**Thank you for donating the Gift of Hearing!**

**If you would like a copy of this form**, once received by McGuire's offices, please fill out your email address above and we will forward a copy for your records. We will not otherwise forward a copy. This form can be used for tax purposes as described on our website, [www.mcguireshearing.com](http://www.mcguireshearing.com). If you have any questions or need further assistance, please call us at **631-284-2299**.

*\*Please note: Due to the diversity in age, make and condition of the aids we receive, it is not possible for us to determine a tax-deductible value for each aid. Please contact your tax advisor.*