



Education for Children with Hearing Loss

Yes, I wish to support the education of the children at Listen and Talk!

My onetime gift is: \$ _____

OR

Charge me: \$ _____

Monthly Quarterly Semiannually Yearly for ___ years

My company matches donations. (Please include matching gift form.)

Payment Options:

My check is enclosed, payable to Listen and Talk.

Please charge my: Visa MasterCard Discover

ACCOUNT NUMBER

3 OR 4 DIGIT VERIFICATION CODE

SIGNATURE

EXPIRATION DATE

Name (PLEASE PRINT) _____

Address _____

City _____ State _____ Zip _____

Email Address _____ Phone _____

My relationship to Listen and Talk is _____

Please do not publish my name as a contributor.

This gift is (please select one)

In honor of In memory of Occasion _____

Name (PLEASE PRINT) _____

Please send acknowledgment of my gift to: (The amount of your gift is kept confidential.)

Name (PLEASE PRINT) _____

Address _____

City _____ State _____ Zip _____

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Thank you for your tax-deductible contribution.