



### Donation Form

I/we wish to make a gift in the amount of \$ \_\_\_\_\_ Date: \_\_\_\_\_

**Gift type:**     Annual/One Time     \*Monthly    \*Your gift will process upon receipt at HLAA. You may indicate the day of the month you prefer to be charged.

Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I want to dedicate my gift in honor or memory of: \_\_\_\_\_

Please send notification of my gift to (enter name, address): \_\_\_\_\_

#### Method of Payment

- Enclosed is a **check** made payable to the Hearing Loss Association of America (HLAA).
- Please **charge my credit card**. Enter info. below.
- Transfer of **appreciated securities (stock)**. Enter info. below.

<b>For Office Use Only.</b>
Designation Fund: _____
Account/Contact No.: _____
Pledge #: _____

***Transfer instructions to make a gift of appreciated securities (stock):***

**HLAA Tax ID:** 52-1177011  
**Depository Trust Company (DTC) Transfer:** #0015  
**Acct. Name:** Hearing Loss Association of America    **Acct. #:** 959-011202  
**Mail stock certificates to:** Morgan Stanley Smith Barney | 2650 Quarry Lake Street, Suite 200  
 Baltimore, MD 21209    Attn: Bell Wohl Group | **PHONE:** 410-602-6400 | **FAX:** 443-992-7637

Stock Name: \_\_\_\_\_ # Shares: \_\_\_\_\_

Approximate value of the stock: \$ \_\_\_\_\_

**Please charge my credit card (enter card information below):**     AMEX     MasterCard     VISA     Discover

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Thank you for supporting the Hearing Loss Association of America (HLAA).