The Hearing House
enabling deaf children to speak

Donation Form

www.hearinghouse.co.nz

Yes, I want to help The Hearing House enable deaf children to listen and to speak.

Personal details

Title:_____ First name:_____ Surname:_____

Organisation (if gift is from an organisation):_____

Address:_____

Town/Suburb:_____ City/region: _____ Post code:_____

Phone:_____ Email:_____

Donation details

My donation today is $_____

Payment details

☐ I enclose a cheque payable to The Hearing House

☐ Please debit my credit card: please circle) Visa Mastercard American Express

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiry date: ____ / ____

Card holders name: _____ Signature: _____

☐ I would like to create an automatic payment. Please contact me.

Please send to The Hearing House, PO Box 74-022, Market Rd, Auckland.