The Hearing House
enabling deaf children to speak

In Memoriam Donation Form

www.hearinghouse.co.nz

I would like to make a donation to The Hearing House in memory of:

_____

Personal details

Title:_____ First name:_____ Surname:_____

Address:_____Town/Suburb:_____

Region/City:_____ Post code:_____Phone:_____

Email:_____

Details of family of deceased person

We will use these details to notify the family of your donation in memory of their loved one.

Title:_____ First name:_____ Surname:_____

Address:_____Town/Suburb:_____

Region/City:_____ Post code:_____Phone:_____

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

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Card holders name: _____ Signature: _____

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