



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. 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.*