

LIONS AFFORDABLE HEARING AID PROJECT (Lions AHAP)

Hearing Aid Order Form

To be submitted with copies of the candidate's application and income qualification forms

Club president or hearing chair name _____

Club/district/foundation _____

Mailing address _____

City _____ State _____ Zip _____

Daytime phone _____ E-mail address _____

Item	Cost	Qty.	"Shell" Colors	Total Cost
Rexton Targa 3 P digital behind-the-ear hearing aid	<i>Introductory price</i> \$200 ea.		<i>Circle one</i> Beige Brown Gray	
Rexton Targa 3 HP digital behind-the-ear hearing aid	<i>Introductory price</i> \$200 ea.		<i>Circle one</i> Beige Gray	
Rexfit software: Consult the hearing care professional to see if software & cables are needed. Please send software <input type="checkbox"/> cables needed <input type="checkbox"/>				<i>NC</i>
If the user instruction booklet needs to be in Spanish, check the box <input type="checkbox"/>				<i>NC</i>

<p><i>Send completed forms to:</i> Lions Affordable Hearing Aid Project (Lions AHAP) Lions Clubs International Foundation 300 W. 22nd Street Oak Brook, IL 60523-8842</p> <p><i>Phone: 1-630-571-5466, ext. 615</i> <i>Fax: 1-630-571-3905 or 5735</i> <i>E-mail: Deborah.Stamm@lionsclubs.org</i></p>	<p style="text-align: right;">Total from above \$ _____</p> <p style="text-align: right;"><i>Shipping charges are required</i></p> <p style="text-align: right;">1 Unit \$16.00 \$ _____</p> <p style="text-align: right;">2 Units \$18.00 \$ _____</p> <p style="text-align: right;">Add \$2 for every additional aid \$ _____</p> <p style="text-align: right;">Total \$ _____</p> <p style="text-align: right;"><i>Please note that the shipping charges can change without notice</i></p>
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<p>Payment required: Check/money orders must be in U. S. dollars, drawn on a U. S. bank and payable to LCIF AHAP.</p> <p>Form of payment</p> <p>Money order <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/></p> <p>Credit card type: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/></p> <p><i>Name on card</i> _____</p> <p><i>Card number</i> _____</p> <p><i>Expiration</i> _____</p> <p><i>Signature</i> _____</p>	<p>Ship to audiologist/board certified hearing instrument specialist:</p> <p>Name _____</p> <p>Business _____</p> <p>Address _____</p> <p>City _____ State _____</p> <p>Zip _____</p> <p>Phone _____ Fax _____</p> <p>E-mail _____</p>
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Checklist: (1) payment (2) Lions AHAP order form (3) sample application form for candidates (4) sample income qualification form for candidates