

Gift of Hearing Nomination Form
1829 E. Franklin St,200A,Chapel Hill,NC 27514
919-968-7556

If you or a loved one are over the age of 21 and feel you could benefit from a pair of hearing aids at NO COST from this award, please submit your nomination for the Gift of Hearing Award:

Nominee Name: _____ **Age:** _____

Nominee Phone: _____ **Email:** _____

Occupation: _____

Please write a brief paragraph explaining why you believe you or your nominee should receive the "Gift of Hearing". You may attach another page to complete your paragraph if necessary.

Your Name/Relationship to Nominee (self or other):

Contact Phone: _____

Email: _____

Recipients will be selected by our Gift of Hearing panel based on communication need (determined by hearing level, professional or educational necessity, impact on quality of life and compelling story).

*****Financial information is NOT requested or required.**

Deadline for submission is December 15, 2018

Submit this form via:

EMAIL: hearingsolutionstriangle@gmail.com

FAX: 919-928-5507

MAIL to office address above