



Chapter Operating Fees Contribution Form

- Yes, I wish to make or renew my annual donation to help with the chapter's operating expenses.

Operating Fee: *(\$12.00 per year suggested)*

Other Donation:

TOTAL Donation:

- Check if change of address:

Your Name:

Mailing Address:

City, State, Zip:

Home Phone:

Work Phone:

Cell Phone:

Preferred Email:

Text Messaging:

Special Notes:

Checks are payable to Hearing Loss Association of Greater Baltimore

Mail the completed form along with payment to:

Charlean Mitchell
P.O. Box 1608
Ellicott City, MD 21041