



PO Box 75449
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HEARING AID ORDER FORM FOR ALPS MODELS

CLIENT NAME AND ORGANIZATION _____

SHIP TO: _____

ADDRESS: _____

PHONE/EMAIL: _____

ALPS (model, quantity, color):

Erika I _____
Erika ND _____
Erika Power _____
Erika ND Power _____
Bone conduction hearing aid _____

User Manuals: English _____ Hindi _____

Spare Parts: BTE eartips _____ Earhooks: _____ Battery doors: _____

Please note: the shipping fees will be added to your invoice.
The \$45 international bank wire fee will be added to your invoice.

Method of payment:

bank wire _____ (you will be sent the bank wire information for Mayflower Medical Outreach)

check: _____ payable to Mayflower Medical Outreach (with IHHAPP entered in the memo section). Mail to PO Box 75449, Oklahoma City, OK 73102

Credit card _____ online payment to www.mayflowermedical.org In the Donations section, access the IHHAPP field. *** a surcharge of 2.5% will be added to cover the cost of the credit card fee.

