



PO Box 75449
Oklahoma City, Oklahoma 73147
mmo.monica@gmail.com

HEARING AID ORDER FORM FOR STARKEY MODELS

CLIENT NAME AND ORGANIZATION _____

SHIP TO: _____

ADDRESS: _____

PHONE/EMAIL: _____

STARKEY (model, quantity, color):

Livio 1000 BTE 13 _____

Livio AI 1000 BTE 13 _____

Evolv AI 1000 BTE 13 Power Plus _____

User Manuals: English _____ Spanish _____ French _____

Ancillary Items (specify quantity):

Thin tubes (sizes 1-5) 5 to a pack. specify size. \$8.99/pack _____

Comfort Ear bud kit sizes 5,6,7,9mm, 8 of each size to a pack. \$24/pack:

open _____ occluded _____

Domes: any size dome (e.g. 5,6,7,9,11mm, power) specify size. pack of 10. \$8.99/pack:

open _____ occluded _____

Please note: the shipping fees 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 Mayflower Medical Outreach, 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.