



PO Box 75449
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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 Buds: any size dome (e.g. 5,6,7,9,11mm, power) Pack of 10. \$4.99/pack:
open _____ occluded _____ Specify dome size, quantity, 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 73147

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.