



Hearing Healthcare Alliance of Ohio Political Action Committee Donation Form

Name of Contributor: _____

Address: _____

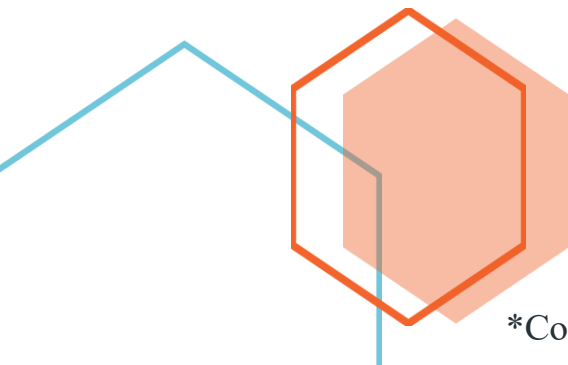
City: _____ State: _____ Zip Code: _____

Place of Employment: _____

Make Personal Check Payable to:
Hearing Healthcare Alliance of Ohio PAC

Contribution should be mailed to:

Hearing Healthcare Alliance of Ohio PAC
C/O Government Advantage Group
17 South High Street
Suite 750
Columbus, OH 43215



*Corporate check may not be accepted per Ohio Law