



Help us give the
Gift of Hearing

NOMINATION FORM

Hearing loss affects 1 in 8 of us. That means we all likely know someone who is having some trouble hearing. To help, we are joining hearing care professionals nationwide to help individuals in our community by donating a set of ReSound OMNIA hearing aids to those who cannot afford them.

If you know someone who could benefit from better hearing, please nominate them for a free set of ReSound OMNIA hearing aids using the form below.

Nomination form

Your Name: _____ Phone Number: _____

Email: _____

Relationship to person you are nominating: _____

Please provide the following information about the person you are nominating:

Name: _____ Phone Number: _____

Email: _____

Briefly describe their struggles with hearing loss, why you decided to nominate them and how they would benefit if selected. (Maximum of 150 words)

Drop off, mail or email this form by: _____

to: Practice Name: _____

Contact: _____ Phone: _____

Address: _____

Email: _____

Each participating hearing care practice in the ReSound Gives Sound "Gift of Hearing" campaign receives one set of ReSound OMNIA hearing aids to donate. Not every nominee will be selected. Recipients will be determined by the participating hearing care practice.