

District 11-D2 Hearing Aid Program

To whom it may concern;

On behalf of the Lions Club of _____,
We are sending _____, to you for hearing testing. Please send test results along with an impression of the ear(s) to R and L labs for a reconditioned hearing aid(s). Contact 11-D2 Hearing and Speech Chairman with your findings, 11-D2 is interested in helping with all hearing aids referred by all Lions clubs in this district.

Thank You

Charles Belesky Hearing Com. Chairman
1-810-543-0990

Send this upper section along with the person to be tested to the **Hearing Clinic LLC (Kevin Sturtz M.C.A.P.)** in your area (Port Huron, Lapeer, Bad Axe)

DETACH AND SEND THIS HALF TO ADDRESS BELOW

Lions Clubs, when you send someone from your community to be tested at the Hearing Clinic LLC nearest you please detach the lower section of this form and send a check for \$250.00 made out to District 11-D2 Hearing Restricted Fund. Please fill out the information below:

Lions Club Sponsor _____

Person being sent for screening _____

We have contacted **Hearing Clinic LLC, Kevin Sturtz** (check one)

Port Huron _____, Lapeer _____, Bad Axe _____

810-982-7391 810-664-1961 800-982-7391

Mail this section of the form and your check to:

Hearing and Speech Committee

Lion Richard A Roose or Lion Chuck Belesky (**Chairman**)

13560 Yale Rd

11280 Hill Rd

Yale MI. 48097

Riley MI. 48041

As soon as the **Hearing Clinic LLC** contacts me I will send payment to them to cover the cost of the screening. Thank You, **Chuck Belesky**