



1085 Langdon Street  
Franklin Square, NY 11010

March 4, 2011

District 20-K2

Dear Fellow Lions,

Lend an Ear is designed to use donated hearing aids that are able to be reconditioned, and then fitted by audiologists for an awaiting participant. Through this program, products and services that would normally cost thousands of dollars can be offered at no charge, to improve the quality of life for those with hearing loss that are unable to afford the help they need.

The program relies on the donations of used hearing aids, charitable minded audiologists and, of course, fund raising.

A lot has happened over the past year.

We now have five audiologists participating in our program.

We fitted three people with hearing aids with a lifetime of batteries.

Our first Dinner dance, fundraiser was a success.

The Lend an Ear board would like to thank the Lions from 20K-2 for their support, without which none of this would be possible.

This year we are asking for your continued support so we can continue to serve those in need.

We are asking for any Lions who would like to get involved with Lend an Ear to contact us.

Monetary donations of any amount would be most appreciated and can be sent to:

Lions "Lend an Ear" 1085 Langdon St. Franklin Square, New York 11010

If you know anyone who may need our service, I have enclosed an application.

Yours in Lionism,

Jim Zabatta Chairman 516 352-3388

LIONS LEND-AN-EAR HEARING PROGRAM  
Lions Clubs International District 20K-2  
APPLICATION

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

MEDICAL DOCTOR'S NAME \_\_\_\_\_ DOCTOR'S PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SEC. # \_\_\_\_\_ E-MAIL \_\_\_\_\_

MARITAL STATUS: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ OTHER \_\_\_\_\_

PRIMARY INSURANCE: PLAN NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

SECONDARY INSURANCE: PLAN NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

Hearing Status

Date of your last hearing test (if any) \_\_\_\_\_ .

(If you have a copy of your latest hearing test results please attach it.)

Do you currently wear hearing aids? \_\_\_\_\_

What hearing related difficulties are you currently having?

\_\_\_\_\_  
\_\_\_\_\_

Income and Asset Verification:

Please attach :

1. Latest federal tax returns.
2. Current bank and brokerage statements

If you do not file federal tax returns please sign the following statement:

I hereby attest that I do not file federal tax returns due to my level of income.	
_____	
Name	
_____	
Signature	_____
	Date