

**LIONS OF BC HEARING CONSERVATION SOCIETY
EXPENSE CLAIM FOR USED HEARING AIDS
FORM 410A**

Name of the Claimant: _____ Position: _____

LIONS CLUB _____ DISTRICT _____ DATE: _____

Please send used hearing aids directly to
Island Deaf & Hard of Hearing Centre,
130 -1555 McKenzie Avenue,
Victoria, B.C.
V8N 1A4

A form showing what aids should be sent is available. Please email lions.bc.hearing@gmail.com

EXPENSE: _____ please attach receipt.

Make cheque payable to: _____

Address: _____

SIGNED: _____

Send form to Lion Bob Jones, Treasurer,
Lions of BC Hearing Conservation Society
Unit 38 7600 Chilliwack River Road,
Chilliwack, B.C. V2R 3Z6
Email: lions.bc.hearing@gmail.com