

20 Years

Of INSPIRING SUPPORT

Promoting Parent
Involvement

TEACHING ADVOCACY

Raising Awareness

IMPROVING

Systems & Making a
DIFFERENCE



COLORADO
HANDS &
VOICES™

1996 - 2016

Did you know that H&V has a state, national and international membership of over 6,000 families and professionals?

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We meet more than 165 new families a year who have a child with a hearing loss. H&V has an experienced Parent Guide ready to connect with each new parent.

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Did you know that over 35 families last year had the benefit of a trained H&V advocate at their child's IEP meeting to improve services for their child's education?

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Help us reach the families of over 1500 children in the state of CO who are deaf or hard of hearing.

Send in your membership renewal form to make sure your issue of the *Communicator* keeps coming!

You can also designate a donation on behalf of your child, grandchild, or other child in your life who is deaf or hard of hearing.

Support an organization that is changing the world for our kids!

Thank you,

Tracy McGurran, President
Colorado Families for Hands & Voices
Board of Directors

Dear Friend,

It s time to renew your 2016 membership to Colorado Families for Hands & Voices. Please take a moment now to return this form to help us continue to develop and disseminate resources designed to give families unbiased information for their children who are deaf or hard-of-hearing.

Your annual contribution helps keep these resources available, and we are grateful for your support. We hope you will take this opportunity to renew your membership with CO Hands & Voices today. If you have already sent in your 2016 membership, we thank you!

Membership Dues for 2016

Please indicate your membership type by checking a box below:

- Parent of deaf/hh child: \$25
- Deaf or hard of hearing adult: \$25
- Student: \$25
- Professional: \$40
- Organization/agency: \$100 (Five newspapers to address)
- Community Member \$30
- Other donation: \$_____

TOTAL: \$_____

- My donation is given in honor of _____ (a child, a relative, a special person in your life). We would like to honor your donation by publishing your name and that of your designee.
 - **Please check here if you prefer to remain anonymous.**

Payment Information

Check One:

- My check for \$_____ is enclosed. Please make checks payable to: CO Hands & Voices
- Please charge my credit card \$_____ Circle one: *Visa* *Master Card* *American Express*

Card Number: _____ Exp. Date: ____/____ (Mo./Yr.)

Cardholder s Name: _____ Signature: _____

Cardholders billing address: Street: _____

City: _____ State: _____ Zip code: _____

Please update your address and other information if there has been a change:

Family Names _____

Address (If different from above) _____

City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Childs month and year of birth (month/year) _____

School grade and school district for fall 2016 _____

- Please remove my name from your mailing list. (Add reason if desired)
- PLEASE ADD MY NAME to Receive the newspaper as a SCHOLARSHIP (send no money)
- Please add my email listed above to the monthly e-news.

Return completed form to: **Colorado Families for Hands & Voices, PO Box 3093 Boulder, CO 80307**
or scan and email to gbys@cohandsandvoices.org. Donations are tax deductible.

Colorado Families for Hands & Voices is a non-profit 501(c)(3) organization EIN #: 84-1393822