

No Cost Hearing Benefit and Prescription Discount Card

I would like to sponsor my family and friends to receive these no cost benefits on my behalf.

Sponsor Name: _____ Date: _____

Signature: _____

No Cost Hearing Benefit Card

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

No Cost Prescription Card

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____