



Donation Form

Please print clearly. Use one form for each individual.

Contact Information

First Name _____

Last Name _____

E-mail _____

Spouse/Partner First Name _____

Spouse/Partner Last Name _____

E-mail _____

Postal Address _____

City/State/Zip _____

Province/Country _____

Send NAD membership renewal notices by (choose one):

- E-mail (Go Green!) Postal Mail

Sign up for NAD E-News and e-mail announcements:

- Yes! No, thanks.

Membership Status (Optional)

- New Member Continuing Member
 Returning Member* Not Applicable (Non-Member)

* If your membership has expired for three months or more.

Join or Renew Membership (Optional)

Circle one: 1 yr. 2 yrs. 3 yrs.

- | | | | |
|---|------|-------|-------|
| <input type="checkbox"/> Regular | \$40 | \$80 | \$120 |
| <input type="checkbox"/> Senior (60 years or older) | \$25 | \$50 | \$75 |
| <input type="checkbox"/> Student (ID required) | \$25 | \$50 | \$75 |
| <input type="checkbox"/> Canada / International (US Funds only) | \$60 | \$120 | \$180 |

Sections

Optional. Individual NAD membership is required. Year selection for sections below must match membership above.

- | | | | |
|--|-----|------|------|
| <input type="checkbox"/> Interpreter | \$5 | \$10 | \$15 |
| <input type="checkbox"/> Library Friend | \$5 | \$10 | \$15 |
| <input type="checkbox"/> Senior Citizen | \$5 | \$10 | \$15 |
| <input type="checkbox"/> Lesbian, Gay, Bisexual, Transgender | \$5 | \$10 | \$15 |

The NAD is classified by the Internal Revenue Service as a 501(c)(3) nonprofit organization. Donations are tax-deductible to the extent allowed by law.

Make a Donation

Your gift will support the NAD mission to preserve, protect and promote civil, human and linguistic rights of deaf and hard of hearing individuals.

- \$50 \$75 \$150 \$250 \$500

Other (specify) \$ _____

Installment Payments

- I want to arrange monthly credit card arrangements for my donation.

Gift Designation

Choose one of the four areas below for the specific cause you want to support, or make a honor/memorial donation (see next section):

- Where Need is Greatest Youth Leadership
 Law and Advocacy International

Memorial/Honor Recognition

If you prefer to make a donation in memory or honor of a specific person or couple (both full names, please), write their names below.

In Memory of _____

In Honor of _____

Occasion _____

Name and Address of Person to be Acknowledged _____

Thank You for Your Support

Payment Information

Total Payment Amount: \$ _____

- Check (Payable to NAD)
 Credit Card: Visa MasterCard

Name as Appears on Card _____

16-digit Card Number _____

Three-Digit CCV Code (Back of Card) _____

Expiration Date _____

Signature _____

Mail or fax this form with payment; use the NAD contact information at the top of this page.