



Organizational Membership/Donation Form

Please print clearly. Use one form for each individual.

Contact Information

Organization Name _____

Contact Person's Full Name _____

Contact Person's Title _____

E-mail _____

Postal Address _____

City/State/Zip _____

Province/Country _____

Website Address _____

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

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

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

Join or Renew Membership

Please check appropriate box

Non-Profit Affiliate

- National (serving 10 or more states) \$200
 State (serving 1-9 states) \$150
 Local \$100

Government Affiliate

- Federal \$200
 State \$150
 Local \$100

For-Profit Affiliate

- National (serving 10 or more states) \$1,000
 State (serving 1-9 states) \$500

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 \$150 \$250 \$500 \$1,000

Other (specify) \$ _____

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 _____

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.

Thank You for Your Support