



# 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.