[ CONTACT INFORMATION ]

Youth

## **DONATION FORM**

Please print clearly, use one form for each person.

The NAD is classified by the Internal Revenue Service as a

MAKE A DONATION					501(c)(3) nonprofit organization. Donations are tax- deductible to the extent allowed by law.		
Spouse/Partner First Name   Spouse/Partner Last Name   Spouse/Partner First Name   Spouse/Partner Email Address   Spouse   Spouse/Partner Email Address   Spouse/Partner Email Address   Spouse/Partner Email Address   Spouse   Spouse   Spouse/Partner Email Address   Spouse   Spous					· ·		
Spouse/Partner First Name   Spouse/Partner Last Name   \$50   \$75   \$150   \$250   \$500   Other State   Spouse/Partner Email Address   Installment Payments (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly donations with my credit card.   Youth Leadership & Advocacy Center   International (Bucadership & Advocacy Scholarship   Send Reducation   Memorial (Province of Name and Address of Person to be Acknowledged:   International (I want to arrange monthly donations with my credit card.   Gift Designation (optional)   I want to arrange monthly dealisted   Youth Leadership & Advocacy Center   International (Province of Name and Address of Person to be Acknowledged:   International (Province of Name and Address of Person to be Acknowledged:   International (Province of Name and Address of Person to be Ack				Your gift will support the NAD mission to preserve, protec and promote civil, human, and linguistic rights of deaf an			
I want to arrange monthly donations with my credit card.   Gift Designation (optional)	Spouse/Partner First Name Spouse/Partner Last Name			ne	□ \$50 □ \$75 □ \$150 □ \$250 □ \$500 □ Other \$_		
Postal Address  Gift Designation (optional)  Where Need Is Greatest					Installment Payments (optional)		
Where Need Is Greatest   Youth Leadership   Law and Advocacy Center   International   Leadership   Law and Advocacy Center   International   Leadership   Law and Advocacy Center   International   Leadership   Reduction Advocacy Center   International   Memoral Jenor Recognition   If you prefer to make a donation in memory or honor of specific person or a couple, write their full name/s below   In Memory of   In Memory	Spouse/Partner Email Address			☐ I want to arrange monthly donations with my credit card.			
Where Need Is Greatest   John Leadership   Law and Advocacy Center   International   Education Advocacy Center   International   Education Advocacy Center   International   Education Advocacy Scholarship   O Frank R. Turk Leadership & Advocacy Scholarship   Frank R. Turk Leadership & Advocacy Scholarship   O Frank R. Turk Lead					Gift Designation (optional)		
Province, Country  Send NAD membership renewal notices by (choose one):    F-mail (Go Green!)   Postal Mail  Sign up for NAD's Monthly eBlast:   Yes!   No, thanks.    Memorial/Honor Recognition  If you prefer to make a donation in memory or honor of specific person or a couple, write their full name/s belo  Sign up for NAD's Monthly eBlast:   Yes!   No, thanks.    In Memory of   In Memory of     In Memory of	Postal Address				☐ Law and Advocacy Center ☐ International		
Memorial/Honor Recognition   If you prefer to make a donation in memory or honor of specific person or a couple, write their full name/s below specific person or a couple.	City State	Zip+4			O Nancy J. Bloch Leadership & Advocacy Scholarship		
Send NAD membership renewal notices by (choose one):   E-mail (Go Green!)   Postal Mail   Sign up for NAD's Monthly eBlast:   Yes!   No, thanks.   In Memory of	Province, Country						
E-mail (Go Green!)   Postal Mail   Specific person or a couple, write their full name/s below   Specific person or   Speci	Send NAD membership renewal notices	by (choos	e one,	) <i>:</i>	_		
Yes!	☐ E-mail (Go Green!) ☐ Postal Mail				specific person or a couple, write their full name/s below.		
Yes!	Sign up for NAD's Monthly eBlast:				☐ In Memory of		
[ MEMBERSHIP STATUS ] Occasion:	☐ Yes! ☐ No, thanks.						
New Member   Renewing Member   Person to be Acknowledged:   Name and Address of Person to be Acknowledged:   Person to be Acknowle							
Returning Member*	[ MEMBERSHIP STATUS ]						
*If your membership has expired for 3 months or more.    Senior (60 years+)	· ·				Name and Address of Person to be Acknowledged.		
			-	_			
Regular	*If your membership has expired for 3 n	nonths or	more.				
□ Regular       \$40       \$80       \$120         □ Senior (60 years+)       \$25       \$50       \$75         □ Youth (18-30 years)       \$25       \$50       \$75         □ Canada/International (\$USD)       \$60       \$120       \$180         Name as it Appears on Card:         16-digit Card Number:       16-digit Card Number:         □ DeafBlind       \$5       \$10       \$15         □ Deaf Culture & History       \$5       \$10       \$15         □ Education       \$5       \$10       \$15         □ Interpreter       \$5       \$10       \$15         Mail (certified) this form with payment.					[PAYMENT INFORMATION]		
□ Senior (60 years+)       \$25       \$50       \$75         □ Youth (18-30 years)       \$25       \$50       \$75         □ Canada/International (\$USD)       \$60       \$120       \$180         Name as it Appears on Card:         16-digit Card Number:       16-digit CCV Code (on the back of the card):         □ DeafBlind       \$5       \$10       \$15         □ Deaf Culture & History       \$5       \$10       \$15         □ Education       \$5       \$10       \$15         □ Interpreter       \$5       \$10       \$15         Mail (certified) this form with payment.					Total Payment Amount: \$		
□ Serilor (60 years*)       \$25       \$50       \$75         □ Youth (18-30 years)       \$25       \$50       \$75         □ Canada/International (\$USD)       \$60       \$120       \$180         Name as it Appears on Card:         16-digit Card Number:					☐ Check (Pavable to the NAD)		
□ Canada/International (\$USD)       \$60       \$120       \$180       Name as it Appears on Card:							
Sections (optional)       16-digit Card Number:							
Sections (optional)         Three-digit CCV Code (on the back of the card):	☐ Canada/International (\$USD)	\$60	\$120	\$180			
□ DeafBlind       \$5       \$10       \$15       Expiration Date:	Carting ( )				16-digit Card Number:		
□ Deaf Culture & History \$5 \$10 \$15 Expiration Date: □ Education \$5 \$10 \$15 Signature: □ Interpreter \$5 \$10 \$15 Mail (certified) this form with payment.	, ,	ćr	640	615	Three-digit CCV Code (on the back of the card):		
□ Education \$5 \$10 \$15 Signature:					Expiration Date:		
☐ Interpreter \$5 \$10 \$15 Mail (certified) this form with payment.	•	·			Signature:		
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11   111/1   11	☐ LGBT	\$5 \$5	\$10	1	with payment.		
☐ Senior Citizen \$5 \$10 \$15 Thank You for Your Support!			l		Thank You for Your Support!		

\$5 | \$10 | \$15