DONATION FORM
Please print clearly, use one form for each person.

[CONTACT INFORMATION]

______________________________________________________
First Name    Last Name

______________________________________________________
Email Address

_______________________________________________________
Spouse/Partner First Name    Spouse/Partner Last Name

______________________________________________________
Spouse/Partner Email Address

Postal Address

______________________________________________________
City                      State                   Zip+4

______________________________________________________
Province, Country

Send NAD membership renewal notices by (choose one):

☐ E-mail (Go Green!)    ☐ Postal Mail

Sign up for NAD’s Monthly eBlast:

☐ Yes!    ☐ No, thanks.

[MEMBERSHIP STATUS]

☐ New Member    ☐ Renewing Member
☐ Returning Member*    ☐ I’m not a member, I’m just donating
*If your membership has expired for 3 months or more.

Join / Renew Membership (optional)

☐ Regular       1yr $40  2 yrs $80  3 yrs $120
☐ Senior (60 years+)$25 $50 $75
☐ Youth (18-30 years)$25 $50 $75
☐ Canada/International ($USD)$60 $120 $180

Sections (optional)

☐ DeafBlind $5 $10 $15
☐ Deaf Culture & History $5 $10 $15
☐ Education $5 $10 $15
☐ Interpreter $5 $10 $15
☐ LGBT $5 $10 $15
☐ Senior Citizen $5 $10 $15
☐ Youth $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 people.

☐ $50    ☐ $75    ☐ $150    ☐ $250    ☐ $500    ☐ Other $ ______

Installment Payments (optional)

☐ I want to arrange monthly donations with my credit card.

Gift Designation (optional)

☐ Where Need Is Greatest    ☐ Youth Leadership
☐ Law and Advocacy Center    ☐ International
☐ Education Advocacy
☐ Nancy J. Bloch Leadership & Advocacy Scholarship
☐ Frank R. Turk Leadership Fund

Memorial/Honor Recognition

If you prefer to make a donation in memory or honor of a specific person or a couple, write their full name/s below.

☐ In Memory of ________________________________
☐ In Honor of _________________________________

Occasion: ____________________________________

Name and Address of Person to be Acknowledged:

_____________________________________________
_____________________________________________

[PAYMENT INFORMATION]

Total Payment Amount: $ ________________

☐ Check (Payable to the NAD)
☐ Credit Card    ☐ Visa    ☐ Mastercard

Name as it Appears on Card: ________________________________

16-digit Card Number: ________________________________

Three-digit CCV Code (on the back of the card): ______

Expiration Date: ________________________________

Signature: ________________________________

Mail (certified) this form with payment.

Thank You for Your Support!