



## 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)	1 yr	2 yrs	3 yrs
<input type="checkbox"/> Regular	\$40	\$80	\$120
<input type="checkbox"/> Senior (60 years+)	\$25	\$50	\$75
<input type="checkbox"/> Youth (18-30 years)	\$25	\$50	\$75
<input type="checkbox"/> Canada/International (\$USD)	\$60	\$120	\$180

### Sections (optional)

<input type="checkbox"/> DeafBlind	\$5	\$10	\$15
<input type="checkbox"/> Deaf Culture & History	\$5	\$10	\$15
<input type="checkbox"/> Education	\$5	\$10	\$15
<input type="checkbox"/> Interpreter	\$5	\$10	\$15
<input type="checkbox"/> LGBT	\$5	\$10	\$15
<input type="checkbox"/> Senior Citizen	\$5	\$10	\$15
<input type="checkbox"/> 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!**