



## DONATION FORM *with Membership*

Please print clearly. Use one form for each individual.

### 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 (optional)

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

\*If your membership has expired for 3 months or more.

### Join or Renew Membership (optional) 1 yr 2 yrs 3 yrs

- Regular \$40 \$80 \$120  
 Senior (60 years or older) \$25 \$50 \$75  
 Youth (18-30 years) \$25 \$50 \$75  
 Canada/International (\$USD only) \$60 \$120 \$180

### Sections (optional) 1 yr 2 yrs 3 yrs

- Interpreter \$5 \$10 \$15  
 Deaf Culture & History \$5 \$10 \$15  
 Senior Citizen \$5 \$10 \$15  
 Lesbian, Gay, Bisexual, Transgender \$5 \$10 \$15  
 Deaf Business Advocates \$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 donations with my credit card.

### 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 name/s 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 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 to:

**NAD Headquarters**

**8630 Fenton Street, Suite 820**

**Silver Spring, MD 20910**