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