Organizational Membership / Donation Form

Please print clearly. Use one form for each individual.

Contact Information

Organization’s Name
__________________________________________

Contact Person’s Full Name
__________________________________________

Contact Person’s Title
__________________________________________

Contact Person’s Email Address
__________________________________________

Postal Address
__________________________________________
City ___________________________ State ______ Zip+4 ______

Organization’s Website
__________________________________________

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 (please check appropriate box):

☑ State Association Affiliate $200

Non-profit Affiliate

☑ National (serving 10 or more states) $300
☑ State (serving 1-9 states) $200
☑ Local $200

Government Affiliate

☑ Federal $300
☑ State $200
☑ Local $200

For-profit Affiliate

☑ National (serving 10 or more states) $2,000
☑ State (serving 1-9 states) $1,000

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) $ ___________

Gift Designation

Choose one of the 6 areas below for the specific cause you want to support, or make a honor/memorial donation:

☐ Where Need is Greatest ☐ Youth Leadership
☐ Law and Advocacy ☐ International
☐ Nancy J. Bloch Leadership & Advocacy Scholarship
☐ Frank R. Turk Leadership Scholarship

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

Contributions Welcome!

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.