



MEMBERSHIP / DONATION FORM

[CONTACT INFORMATION] Use one form per person, and print clearly.

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

Communication Accommodation Requests

- Braille Large Print

Send NAD membership renewal notices by either:

- E-mail or Postal Mail

Add my email to the NAD's monthly eBlast

Add my Spouse/Partner's email to the NAD's monthly eBlast

[MEMBERSHIP STATUS]

Join / Renew Membership

| | 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"/> BIPOC | \$5 | \$10 | \$15 |
| <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] (optional)

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

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

Gift Designation

- 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 donate 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: _____

Please mail (certified) this form with payment to:

NAD Headquarters
8630 Fenton Street, Suite 820
Silver Spring, MD 20910

Thank You for Your Support!