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
❑ Regular $40 $80 $120
❑ Senior (60 years+) $25 $50 $75
❑ Youth (18-30 years) $25 $50 $75
❑ Canada/International ($USD) $60 $120 $180

Sections (optional)
❑ BIPOC $5 $10 $15
❑ DeafBlind $5 $10 $15
❑ Deaf Culture & History $5 $10 $15
❑ Education $5 $10 $15
❑ Interpreter $5 $10 $15
❑ LGBT $5 $10 $15
❑ Senior Citizen $5 $10 $15
❑ Youth $5 $10 $15

[ 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!