

Membership/Donation Form

P.O Box 2161 • Palatine, IL 60078 • www.iadeaf.org

(224) 232-8798 VP & membership@iadeaf.org Email

Contact Information			Make Donations		
Please print clearly, use one form per person.			IAD cannot operate without your sincere support, please make your donation today!		
Name			• General Fund	\$	
Email				·	
VP/Voice/Text			O Conference Fund	\$	
Address			O Senior Citizen Fund	\$	
City/State/Zip			O Family Program Fund	\$	
Check One: I want to receive regular updates from				O J.B. and Bea Davis Scholarship	
IAD via email. O Yes or O No.					\$
Membership Status				O Francis L. Huffman Fund	\$
O New Member O Returning Member* O Continuing Member * If your membership has expired for three months or more			O Deaf Youth Fund	\$	
			O Youth Leadership Camp	\$	
Select all apply				Total Donation Amount	\$
O Deaf O Hard of Hearing O Interpreter				O Make an In Honor Of/Memorial Gift	
O Hearing O CODA O Have Deaf Children					
				Amount	\$
Chapter of IAD (Choose one)				Please fill a full name of memorial of below: In Honor/Memorial of	
O Chicago O Illini (Champaign) O Jacksonville					
O McLakes (Lake & McHenry Countries) O Springfield O None				Payment Information (Payable to IAD) Total \$	
	1 yr	2 yr	3 <u>yr</u>	O Check/Money Order #	
O Regular	\$ 5	\$10	\$15	O Credit Cards* www.iadeaf.org	g/individual
O Associate (K-12 Students, Hearing Individuals and Non-Illinois Residents)	\$ 5	\$10	\$15	*Accept credit cards payments online	
		•	•	Official Use Only	
				Received date	
				Next expiration date	