**Organizational/Chapter/Donation Form**

P.O Box 114 • Cary, IL 60013 • [www.iadeaf.org](http://www.iadeaf.org)

VP: (224) 232-8798 • Email: [membership@iadeaf.org](mailto:membership@iadeaf.org)

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### Contact Information

*Please print clearly, use one form per organization.*

<table>
<thead>
<tr>
<th>Organization</th>
<th>Website</th>
<th>Contact Person’s Name</th>
<th>Contact Person’s Title</th>
<th>Email</th>
<th>VP/Voice/Text</th>
<th>Address</th>
<th>City/State/Zip</th>
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### Membership Status

- ☐ New Affiliate/Chapter
- ☐ Continuing Affiliate/Chapter
- ☐ Returning Affiliate/Chapter *

*If your membership has expired for three months or more*

### Join or Renew Organization:

- ☐ Chapter Affiliates $50
- ☐ Non-Profit – Local $50
- ☐ Non-Profit – State $100
- ☐ Government – Local $50
- ☐ Government – State $100
- ☐ For-Profit – Local $150
- ☐ For-Profit – State $250

### Make Donations

*IAD cannot operate without your sincere support, please make your donation today!*

- ☐ General Fund $_________
- ☐ Conference Fund $_________
- ☐ Senior Citizen Fund $_________
- ☐ Family Program Fund $_________
- ☐ J.B. and Bea Davis Scholarship $_________
- ☐ Francis L. Huffman Fund $_________
- ☐ Deaf Youth Fund $_________
- ☐ Youth Leadership Camp $_________

**Total Donation Amount** $_________

### Make an In Honor Of/Memorial Gift

**Amount** $_________

*Please fill a full name of memorial of below:*

*In Honor/Memorial of _______________________________

### Payment Information *(Payable to IAD)*

**Total $_________

- ☐ Cash
- ☐ Check/Money Order #___________
- ☐ Credit Cards* [www.iadeaf.org/organization](http://www.iadeaf.org/organization)

*Accept credit cards payments online*

### Official Use Only

- Received date ______________
- Next expiration date ______________

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*The IAD is classified by the Internal Revenue Service as a 501(c)(3) nonprofits organization. Donations are tax-deductible to the extent allowed by laws.*

**THANK YOU FOR YOUR SUPPORT!**