Organizational/Chapter/Donation Form

P.O Box 565 • Jacksonville, IL 62650 • www.iadeaf.org
Email: membership@iadeaf.org

Contact Information

*Please print clearly, use one form per organization.

Organization ________________________________
Website ____________________________________
Contact Person’s Name _______________________
Contact Person’s Title ________________________
Email ______________________________________
VP/Voice/Text ________________________________
Address _____________________________________
City/State/Zip ________________________________

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)

- Cash
- Check/Money Order # _____________________
- Credit Cards* www.iadeaf.org/individual

*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!