



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 _____

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/individual

**Accept credit cards payments online*

Official Use Only

Received date _____

Next expiration date _____