



Membership/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 person

Name _____

Email _____

VP/Voice/Text _____

Address _____

City/State/Zip _____

Check One:

I want to receive **regular updates** from IAD via email

- Yes
 No

Membership Status

- New Member
 Returning Member*
 Continuing Member

* If your membership has expired for three months or more

Select all that apply

- Deaf DeafBlind
 Hard of Hearing Hearing
 CODA Have Deaf Children
 Interpreter

Chapter of IAD (Choose one)

- Illini (Champaign) Jacksonville
 McLakes None

Join or Renew individual membership

- | | <u>1 yr</u> | <u>2 yrs</u> | <u>3 yrs</u> |
|---|-------------|--------------|--------------|
| <input type="checkbox"/> Regular | \$ 15 | \$30 | \$40 |
| <input type="checkbox"/> Associate (K-12 Students,
Hearing Individuals and Non-Illinois Residents) | \$ 15 | \$30 | \$40 |

- Lifetime Membership One-Time Fee \$10!
 (Senior Citizens +70)

Donation Options

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 \$ _____

- In Honor Of/Memorial Gift**
 Amount \$ _____

Please provide the full name of the person in honor memorial of below:

Payment Information (Payable to IAD)

Total \$ _____

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

*Credit card payments accepted online only

Official Use Only

Received date _____

Next expiration date _____

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

THANK YOU FOR YOUR SUPPORT!