

DONATION FORM

Please print clearly, use one form for each person.

[CONTACT INFORMATION]

First Name _____

Last Name _____

Email Address _____

Spouse/Partner First Name Spouse/Partner

Last Name Spouse/Partner _____

Email Address _____

Postal Address _____

City State Zip+4 _____

Check one(s) that applies you.

_____ I'm not a member, I'm just donating.

_____ In memory of _____

_____ I am a member of the Iowa Association of the Deaf

_____ I want to be a member of the Iowa Association of the Deaf.
Please contact me.

Make check or money order payable to: Iowa Association of the Deaf And mail this form with payment
to: **Sandra Anderson, Treasurer**

**Iowa Association of the Deaf
3138 Whispering Ridge Lane
Riverside, IA 52327**

The 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.