



Florida Association of the Deaf
12401 Summer Springs Drive
Boynton Beach, FL 33437
www.fadcentral.org

Donation Form

Please print clearly. Use one for each individual:

Contact Information:

First Name: _____

Last Name: _____

E-mail: _____

Spouse/Partner First Name: _____

Spouse/Partner Last Name: _____

E-mail _____

Postal Address _____

City/State/Zip _____

Send FAD membership renewal notices by (choose one):

E-mail (Go Green!) Postal Mail

Sign up for FAD E-News and email announcements:

Yes! No, thanks.

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

Make a Donation

Your gift will support the FAD mission:

\$50 \$75 \$150 \$250 \$500

Other (specify) \$ _____

Gift Designation

Choose one of the areas below for the specific cause you want to support, or make a honor/memorial donation (see next section):

- | | |
|---|---|
| <input type="checkbox"/> Where Need is Greatest | <input type="checkbox"/> Youth Leadership |
| <input type="checkbox"/> Law and Advocacy | <input type="checkbox"/> Women Leadership |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> FAD University |
| <input type="checkbox"/> Scholarships | |

Memorial/Honor Recognition

If you prefer to make a donation in memory or honor of a specific person or couple (both full names, please), write their names below.

In Memory of _____

In Honor of _____

Occasion _____

Thank you for your Support

Payment Information

Total Payment Amount: \$ _____

Check (Payable to FAD)

Or pay online at

<http://fadcentral.org/make-a-gift-to-the-fad.html>