



SOUTH DAKOTA ASSOCIATION OF THE DEAF

SDAD Contribution Form

Please print clearly.

First Name: _____ Last Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code _____ - _____

VP : _____

E-mail: _____

Enclosed is my contribution of:

\$10.00 _____ \$25.00 _____ \$50.00 _____ \$75.00 _____ \$100.00 _____ Other: _____

The SDAD is classified by the Internal Revenue Service as a 501(c) (3) non-profit organization. Donations are tax-deductible.

Checks and money orders are to make to SDAD and to be mailed to:

SDAD Treasurer
102 N Krohn Pl
Sioux Falls, SD 57103

If any questions please email at
SDADTreasurer@gmail.com

Date: _____
Check: # _____ \$ _____
Cash: \$ _____