



# SOUTH DAKOTA ASSOCIATION OF THE DEAF

## SDAD Contribution Form

Please print clearly.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

VP : \_\_\_\_\_ TTY: \_\_\_\_\_

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](mailto:SDADTreasurer@gmail.com)

Date: \_\_\_\_\_  
Check: # \_\_\_\_\_ \$ \_\_\_\_\_  
Cash: \$ \_\_\_\_\_