

Corporate Contribution Form

Name: _____

Address: _____

Address 2: _____

City / State / Zip: _____

Phone: _____

Email: _____

Business Name: _____

Business Address: _____

Business Address 2: _____

Business City / State / Zip: _____

Business Phone: _____

Web Site Address: _____

Contribution Amount: _____ **\$100.00**
 _____ **\$250.00**
 _____ **\$500.00**
 _____ **Other Amount**

Other Amount: _____

Choice of Contribution: _____ **Louisiana School for the Deaf Scholarship Fund**
 _____ **Louisiana Association of the Deaf Youth Fund**
 _____ **2011 Louisiana Association of the Deaf Biennial Conference**

Please send this completed form with a check made payable to Louisiana Association of the Deaf to:

**Louisiana Association of the Deaf
c/o Contribution To LAD
3112 Valley Creek Drive
Suite E
Baton Rouge, LA 70808-3100
Attention: Kathy Stewart
kathylad@aol.com**