

Organization Contribution Form

Name: _____

Address: _____

Address 2: _____

City / State / Zip: _____

Phone: _____

Email: _____

Organization Name: _____

Organization Address: _____

Organization Address 2: _____

Organization City / State / Zip: _____

Organization Phone: _____

Web Site Address: _____

Contribution Amount: _____ \$50.00
 _____ \$100.00
 _____ \$150.00
 _____ 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