

Non-Profit Sign Language Interpreter Fund Membership Form

Name/Organization Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Fax Number: _____

Email: _____

Membership:

- requests must be 501 (c)(3) – Please enclose IRS Determination Letter
- will grant access to the Non-Profit Sign Language Interpreter Fund
- will provide free event advertising on Pgh Deaf Events email list serve
- will list you or your organization as a fund donor
- will support member in ADA compliance by providing certified interpreters

Enclosed is:

\$ 40 January – December, 2011

\$____ Additional Donation

\$____ TOTAL ENCLOSED

Checks Payable to: Center for Hearing & Deaf Services

Memo: Non-Profit Sign Language Interpreter Fund

Mail to:

Center for Hearing & Deaf Services

Attention: Financial Services

1945 Fifth Avenue

Pittsburgh, PA 15219

** All membership dues go to the Non-Profit Sign Language Interpreter Fund. **