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

Date: ____________
Check: # ______$__________
Cash: $____________