

*I would like to make a donation to  
Deaf Community Advocacy Network in loving memory of:*

---

*Please send the Memorial Card to:*

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**From:**

Donor(s) Name \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Please make checks payable to DEAF C.A.N.!

Please charge this donation. Amount. \$ \_\_\_\_\_

Charge Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*DEAF C.A.N.! is a private not for profit organization providing Youth Leadership Training, Hard of Hearing Support Services, HIV/AIDS Case Management, Early Intervention Programs, Crisis Intervention Services, Parenting Programs, Sign Language Interpreting and One-to-One Client Assistance to the thousands of Deaf and Hard of Hearing members of our community.*

**Please visit us at: [www.deafcan.org](http://www.deafcan.org)**

DEAF C.A.N.! is a 501 (c) (3) organization. All contribution are tax deductible to the extent allowed by law.  
MICS #9690

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Sylvan Lake, MI 48320  
248.332.3331



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