

**FILIPINO-AMERICAN ASSOCIATION
FOR DEVELOPMENTAL DISABILITIES (FAADD)**

DONOR & MEMBERSHIP FORM

NAME: _____ DATE: _____

ADDRESS: _____

PHONE Nos. Home: _____ Work: _____ Mobile: _____

E-Mail: _____

- \$25.00 Initial Membership Fee
- \$10.00 Annual Dues
- TAX DEDUCTIBLE DONATION: \$ _____

Send completed form / fees / donation to:

FAADD 600 E. 8th St, Suite # 1, National City CA 91950

FAMILY MEMBER WITH DEVELOPMENTAL DISABILITY:

NAME: _____

D.O.B.: _____ DD Condition: _____

RELATIONSHIP: _____

ADDRESS: _____

SCHOOL / PROGRAM: _____

List other family members with DD: _____

If you wish to donate, below is a listing of **FAADD NEEDS:**

- FUNDS for our activities
- Resource speakers about developmental disability & resources
- DJ for Christmas Party & Summer Picnic
- Entertainers
- Venue
- Party Supplies & Picnic Equipment (chairs, tent, manpower to set up & tear down)
- Recreational /Activity /Game Facilitators
- Prizes for games
- Gifts for Christmas/ Holidays
- Food for Annual events and workshops
- Funding for transportation for Disneyland trip & other field trips
- Tickets to amusement events /shows or ball games