

Change of Address Form

Please print and complete this form.

Old Address/Phone

Name: _____

Street Address: _____

City and State: _____ Zip Code: _____

Phone: _____ (optional)

For E-Newsletter, use e-mail address.

E-mail: _____ (optional)

NEW Address/Phone

Name: _____

Street Address: _____

City and State: _____ Zip Code: _____

Phone: _____ (optional)

For E-Newsletter, use e-mail address.

E-mail: _____ (optional)

Please mail to:

Ohio Association of the Deaf, Inc.

14856 Alger Road

Cleveland, OH 44111-1105

Thank you!