

Memorial/Honorary Donation Form



Mental Health America
Formerly National Mental Health Association
Attn: Gift Office
P.O. Box 16810
Alexandria, Virginia 22302-0810
Phone: (800) 969-6642 Fax: (703) 684-5968

Print this form and mail or fax to the above address to make a personal donation to Mental Health America.

Name (title, first, last, suffix(es)) _____

Address _____

City/State/Zip _____

Email Address _____ Phone _____ HOME WORK OTHER

Gift Amount: _____

Card Type:

- CASH
- CHECK (made payable to Mental Health America)
- CREDIT CARD (please fill out the following information)

- MASTERCARD
- VISA
- AMERICAN EXPRESS
- DISCOVER

Card Number _____ Exp. Date _____

Cardholder Name _____ Signature _____

This gift is made in MEMORY / HONOR of _____
(Please Circle One)

Please send notification of the gift to:

Name (title, first, last, suffix(es)) _____

Address _____

City/State/Zip _____

Please sign card: _____

If this gift is made in honor of a person or celebration, please indicate the occasion for your donation:

BIRTHDAY ANNIVERSARY GRADUATION OTHER _____

- My company has a Matching Gift Program. I will have either enclosed my employer's form with this gift or will mail it shortly.
- I would like Mental Health America to find out if my company has a Matching Gift Program (please fill out the following information).

Company/Location: _____

- Please send me information about how to make a planned gift to Mental Health America. Planned gifts include:
 - bequests or other gifts through your will,
 - gifts of property or real estate,
 - charitable gift annuities,
 - stocks, life insurance or other assets.
- Please send me general information about NMHA.
- Please tell me how to contact my local affiliate.