



Gift Donation Form

National Mental Health Association
Attn: Gift Office
P.O. Box 16810
Alexandria, Virginia 22302-0810
Phone: (800) 969-NMHA Fax: (703) 838-7510

Print this form and mail or fax to the above address to make a personal donation to NMHA. NMHA will not release your personal information to anyone.

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

Address _____

City/State/Zip _____

Email Address _____ Phone _____ HOME WORK OTHER

Gift Amount: _____

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

Card Type: MASTERCARD VISA AMERICAN EXPRESS

Card Number _____ Exp. Date _____

Cardholder's Name _____

Signature _____

- 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 NMHA 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 NMHA. Planned gifts include:
 - bequests or other gifts through your will,
 - gifts of property or real estate,
 - stocks, life insurance or other assets.
- Please send me general information about NMHA.
- Please tell me how to contact my affiliate.

Thank you! You will receive a receipt for your gift shortly.