Gift Donation Form

Mental Health America
Attn: Gift Office
2000 North Beauregard Street, 6th Floor
Alexandria, VA 22311-1749
Phone: 800-969-6642
Fax: 703-838-7510

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

Name (Title, First, Last): _____

Address: _____

City/State/Zip: _____

Email: _____ Phone: _____

☐ Home ☐ Work ☐ Other

Gift Amount: _____

☐ Cash
☐ Checks (Made payable to Mental Health America – Check #_____)
☐ Credit Card (Please complete the information below)

Card Type: ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa

Card Number: _____Exp. Date: _____

Cardholder's Name: _____

Signature: _____

Is this gift in honor or memory of someone? ☐ Yes ☐ No

Honorees' Name: _____

Would you like us to notify someone of your gift? ☐ Yes ☐ No
(Please note, if you do not include a name and address, no notification will be sent.)

Person to be Notified: _____

Address: _____

City/State/Zip: _____

Note for the Letter: _____

_____

Would you like to be included in MHA's email updates? Receive the most current information about Mental Health America programs, advocacy, events and publications. Be sure to include your email!