

Yes, I would like to make a gift today.

One-Time Gift: \$150 \$100 \$50 \$_____

OR

Monthly Gift: \$_____ \$_____

We'll charge your card monthly in the amount listed under "monthly gift," until you request a change.

If you use a credit card, we will contact you prior to card expiration date to request authorization to continue your sustaining support.



*"Achieving better mental health in the
Wabash Valley Region of
North Central Indiana"*

CONTACT US

Mental Health America
914 South Street
Lafayette, IN 47901-1416

Phone: 765-742-1800
Fax: 765-742-2085
Web: www.mhawv.org

Please join us on Facebook!



METHOD OF PAYMENT

- Check enclosed** (payable to MHA - WVR)
- Bill my debit/credit card** (see reverse side)
- Give online:** www.mhawv.org/donate



Mail the reply envelope to:

*Mental Health America – Wabash Valley Region
914 South Street
Lafayette, IN 47901-1416*

PLANNED GIVING OPTIONS

- I/we have provided for Mental Health America in a will or trust agreement.
- I/we would like information about increased income in retirement through a planned gift.

Contact us at 765-742-1800 or send an email to jflora@mhawv.org

MHA – Wabash Valley Region is a 501c3 not-for-profit organization
MHA is a United Way partner agency

CREDIT CARD INFORMATION

- Visa MasterCard American Express Discover

CARD NUMBER

____/____/____
EXPIRATION DATE

SECURITY CODE

NAME AS IT APPEARS ON THE CARD

EMAIL ADDRESS

- BILLING IS SAME AS ADDRESS ON FRONT. IF DIFFERENT:

SIGNATURE

____/____/____
TODAY'S DATE