



Please mail this form and your check or money order to:

Mental Health America of Los Angeles
100 West Broadway, Suite 5010
Long Beach, CA 90802

Date: _____

My Name: _____

Address: _____ Daytime Phone: (____) _____

City/State/ZIP _____ E-Mail: _____

(An acknowledgment of your tax-deductible gift will be sent to the address above.)

Method of Donation (please choose one):

Check or Money Order for \$_____ payable to Mental Health America of Los Angeles enclosed.

Charge my (circle one) Visa MasterCard American Express

Acct Number: _____ Exp Date: _____ Sec : _____

Signature: _____

Type of Donation (please choose one):

General Donation

Capital Campaign Donation

Gift in Memory of _____
(name of deceased)

Send Acknowledgment Card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like your card to be signed? _____
(name or names)

Gift in honor of: _____
(name of individual)

Send Acknowledgment Card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like your card to be signed? _____
(name or names)

Thank you for your generosity and support of people living with mental illness.