



# Gift Donation Form

**Please print this form and return it with your tax-deductible gift to MHA. We will not share your personal information with anyone.**

Name \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**My gift to MHA is \$\_\_\_\_\_.**

Check *(Please make your check payable to the Mental Health America of Los Angeles)*

Credit Card                      Card type:  Visa  MasterCard

Card Number \_\_\_\_\_ Expiration date \_\_\_\_\_

Signature \_\_\_\_\_

**If your gift is a memorial or tribute, please let us know if you gift is:**

In memory of \_\_\_\_\_

In honor of \_\_\_\_\_                       on the occasion of \_\_\_\_\_  
*(Please indicate birthday, birth, wedding, anniversary, graduation, retirement, holiday, or other special occasion.)*

We'll send a memorial/tribute card to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

How would you like your card signed? \_\_\_\_\_

*Does your employer have a matching gift program? Send us the application and increase the value of your gift!*

**Please mail or fax this form to:**

MHA Gift Department  
Administrative Offices  
100 W. Broadway, Suite 5010  
Long Beach, CA 90802  
Phone: 888-242-2522, ext. 225  
Fax: 562-263-3395

*Thank you for your support!*