

MENTAL HEALTH ASSOCIATION IN MICHIGAN (MHAM)
2157 University Park Dr., Stes. 1-2, Okemos, MI 48864
P – 517.898.3907 | F – 517.913.5941 | www.mha-mi.com

___ Yes, I'd like to contribute to the Endowment Fund. (Its income benefits person's experiencing mental illness.)

___ Yes, I'd like to make a general contribution.

___ Yes, I'd like to honor a friend: ___ MEMORIAL TRIBUTE ___ LIVING TRIBUTE

In Memory or in Honor of:

Send acknowledgment to:

Name _____

Street _____

City _____ State _____ Zip Code _____

Please complete for all of the above contribution categories:

Contributor's Name _____

Street _____

City _____ State _____ Zip Code _____

Phone #: _____ E-Mail _____

Credit Card (select one) ___ AmEx ___ VISA ___ MasterCard

Card #: _____

Expiration Date: _____ 3-Digit Security Code (from back): _____

Checks Payable to: MHAM

E-Mail Communication Regarding Contributions: matthudkins@gmail.com