

Memorial/Honorary Donation Form



MHA of the Heartland
Formerly Mental Health Association of the Heartland
Attn: Memorial/Honorary Donations, 739
Minnesota Ave., Kansas City, KS 66101 Fax:
(913) 281-2977

Print this form and mail or fax to the above address to make a personal donation to Mental Health America of the Heartland.

Name (title, first, last, suffix(es)) _____

Address _____

City/State/Zip _____

Email Address _____ Phone _____ HOME WORK OTHER

Gift Amount: _____

Payment Type:

CASH CHECK (made payable to Mental Health America of the Heartland)

CREDIT CARD (please fill out the following information)

VISA MASTERCARD AMERICAN EXPRESS DISCOVER

Card Number _____ Exp. Date _____

Cardholder Name _____ Signature _____

This gift is made in MEMORY / HONOR of _____
(Please Circle One)

Please send notification of the gift to:

Name (title, first, last, suffix(es)) _____

Address _____

City/State/Zip _____

Please sign card: _____

If this gift is made in honor of a person or celebration, please indicate the occasion for your donation:

BIRTHDAY ANNIVERSARY GRADUATION OTHER _____

My company has a Matching Gift Program. I will have either enclosed my employer's form with this gift or will mail it shortly.

I would like MHA of the Heartland to find out if my company has a Matching Gift Program (please fill out the following information).

Company/Location: _____

Please send me information about how to make a planned gift to MHA of the Heartland. Planned gifts include:

bequests or other gifts through your will,
gifts of property or real estate, charitable
gift annuities, stocks, life insurance or other
assets.

Please send me general information about MHA of the Heartland.