



# DONATION FORM

Donor Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

**Gift Amount \$** \_\_\_\_\_

- Cash
- Check (make payable to Mental Health America of the Heartland)
- Credit or Debit Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Cardholder's Name \_\_\_\_\_

Billing Address \_\_\_\_\_  
(if different from above)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Optional: Please keep my  name and/or  gift amount confidential.

**Please direct this gift:**

- Where the need is greatest
- Advocacy & Recovery Services
- Mental Health Promotion
- Child & Youth Mental Health Initiative
- Heartland Housing Initiative
- Other, please specify: \_\_\_\_\_

**Please complete this form and return it along with your contribution to:**

Mental Health America of the Heartland  
739 Minnesota Avenue  
Kansas City, Kansas 66101  
Fax | 913-281-3977

*Thank you for your gift to Mental Health America of the Heartland! Once our office receives this form, you will be sent an official acknowledgement letter for tax purposes. This form does not serve as a receipt for this contribution but is intended for record keeping purposes only.*

*MHAH is a 501(c)(3) nonprofit organization and 100% of your gift goes towards charitable purposes. Federal Tax ID 48-1185409.*

**MHAH OFFICE USE ONLY**

Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_

- Donation Recorded & Filed
- Donor Entered into Database
- Thank You/Acknowledgement Sent

[www.mhah.org](http://www.mhah.org)