

MEMORIAL/HONORARY DONATION FORM

Donor Name(s) _____

Address _____

City _____

State _____

Zip Code _____

Phone _____

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.

Name of Honoree/In Memoriam of _____

Would you like us to notify someone of your gift? *(if you do not include a name and address, no notification will be sent)*

Name of Person to be Notified _____

Address/City/State/Zip _____

Note for the Letter _____

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