

## 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