



Print this form and mail or fax to the address at the bottom of this page to make a personal donation to Mental Health America of Jackson County.

Name (Please print)

Address

City/State/Zip

Email Address _____ Phone () _____
HOME WORK CELL (Circle one)

Gift Amount: \$ _____

- 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 Mental Health America to find out if my company has a Matching Gift Program (please provide the following information).

Company Name & Address:

Contact Person & Phone number:

Thank you!

You will receive a receipt for your gift by mail to use for your tax records. Your support is appreciated.

Sincerely,

Laura Stahl
Executive Director
Mental Health America of Jackson County
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Seymour IN 47274
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