

Yes! I want to support the Mental Health Association of San Mateo County.

MY GIFT TO MHA

Please accept my gift of:

- \$5,000
- \$2,500
- \$1,000
- \$500
- \$250
- \$100
- \$50
- Other \$ _____

This is a:

- One-time Gift
- Monthly Gift for _____ months
- Multi-Year Gift for _____ years

Please direct my gift to: General Support Other _____

SPECIAL INSTRUCTIONS (Optional)

My gift is: in honor of / in memory of: _____

Send an acknowledgement of my gift to: _____

Recipient's Address: _____

MY INFORMATION

Name: _____

Phone: _____ Email: _____

Address: _____

City/State/Zip: _____

MY PAYMENT

- Check made payable to MHA Donate online: www.mhasmc.org/donate
- Credit card (fill in below) Donate by phone: (650) 368-3345

Amount: \$ _____ Name on Card: _____

Card No: _____ Visa MC AmEx Discover

Billing Zip: _____ Exp. Date: _____ Security Code: _____

Signature: _____

REMIT TO

Mental Health Association of San Mateo County (MHA)
2686 Spring Street
Redwood City, CA 94063

FOR INFORMATION

Phone: (650) 368-3345
Email: info@mhasmc.org
Website: mhasmc.org

Contributions to MHA are tax deductible to the fullest extent allowed by law.

MHA is a 501(c)(3) organization • Tax ID #94-6034112

Thank you for your gift! We appreciate your support.