

Your participation as a donor to the Mental Health Association of Southeastern Pennsylvania makes a powerful statement of confidence in the Association's programs that change lives for the better in your community.

I want to make a gift at the following level:

Leader: \$5,000 or more

Partner: \$1,000 to \$4,999

Sustainer: \$500 to \$999

Associate: \$101 to \$499

Friend: \$10 to \$100

Ways to give:

I have enclosed a check, payable to MHASP, for my total 2005 gift.

I would like my gift of \$_____ charged to a credit card.

Signature: _____

For all gifts, please provide the following information:

Name: _____

Address: _____

City: _____ State: _____

Zip: _____

Phone: _____

Email: _____

Date of Birth: _____

For those using credit cards:

_____ Visa

_____ Mastercard

Card Number: _____ Exp. _____

_____ My company is a matching gift corporation, and I have enclosed the completed form.

Note: Each gift, at \$10 or more, entitles you to membership if you are not already enrolled. Among the benefits of membership are a subscription to “Lines of Communication,” MHASP’s quarterly newsletter, additional periodic publications and invitations to special Association functions throughout the year.

Mail to:

MHASP
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11th Floor
Philadelphia, PA 19107