

You may give by telephone or by printing this form out and mailing it with your check to the address below.

National Alliance on Mental Illness – West Central Indiana
P.O. Box 6232
Lafayette, Indiana 47903-6232
Phone: 765-423-6939 Fax: 765-423-6092

Name _____
Address _____
City/State/Zip _____
E-mail Address _____ Phone _____

I/we are making a gift to NAMI-WCI, totaling \$ _____

How your gift can help NAMI-WCI.

- ✓ A gift of \$120 (\$10 per month) will provide educational materials for 3 family members in the 8 week Family-To-Family class.
 - ✓ A gift of \$180 (\$15 per month) will provide instruction and recovery support for 2 consumers over the 10 weeks of the Peer-To-Peer class.
 - ✓ A gift of \$240 (\$20 per month) will support the expense of one monthly **Living with Mental Illness Forum**.
 - ✓ A gift of \$600 (\$50 per month) 10 performances of the **Mental Health Players** as they work to eliminate the stigma of mental illness in our community.
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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 NAMI-WCI to find out if my company has a **Matching Gift Program** (please fill out the following information).

Company/Location: _____

Payment type:

- Cash
- Check (made payable to NAMI-WCI)
- Visa Mastercard Discover

Card#: _____ Exp. Date: _____
(NAMI-WCI will not release your personal information to anyone.)

Signature: _____

Print this form and mail or fax to NAMI-WCI at the above address.

Thank you for your generosity! You will receive a receipt for your gift shortly.