

MEMORIAL/HONORARY DONATION FORM

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 \_\_\_\_\_

This gift is made in MEMORY / HONOR of \_\_\_\_\_  
(please circle one)

SEND NOTIFICATION OF THIS GIFT TO:

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Please sign card: \_\_\_\_\_

If this gift is made in honor of a person or a special occasion, please indicate the occasion for your donation:  Birthday  Anniversary  Graduation  Other \_\_\_\_\_

Gift Amount: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

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*