

PRINT & SEND DONATION FORM



Please mail your tax-deductible donation with this form to:

The Mental Health Center Greater Manchester
Attn: Community Relations Office
2 Wall Street, 2nd Floor
Manchester, NH 03101

Donor Name:

Title: _____ First Name: _____ Last Name: _____

Title: _____ First Name: _____ Last Name: _____

Donor Address/Information:

Address: _____


City: _____ State: _____ Zip Code: _____

Phone: _____ (please check off amount)

() \$500 () \$200 () \$100 () \$50 Other Amount: _____

Payment Options:

() I have enclosed a check () Please charge my contribution () Bill me for remainder of pledge

Circle one  Card Number: _____

Card Exp (MM/YYYY): _____ CVC _____ Signature: _____

Honor or Memorial Gifts

If you wish to make this contribution in honor or memory of someone, please include their name in the space below.

Please circle one: In Honor of: In Memory of:

Title: _____ First Name: _____ Last Name: _____

If you would like MHCGM to send a notification to someone regarding this honorarium or memorial gift, please include the name and address of that person below.

For Honoree/Memorial acknowledgements: (for notification purposes only)

Attention: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Thank you for your support.

MHCGM is a 501 (c)(3) nonprofit organization recognized by the IRS.