



(Send in Form either by Mail or Fax)

Donor Information (please print or type)

Form with fields: Name, Address, City/State/Zip, Telephone (home), Telephone (cell), Fax, E-Mail

Pledge Information

My/Our Tax Deductible Annual Membership is:
\$3 (open door) \$35 (individual/family) \$200 (agency/business)

I/We support NAMI of Southern Arizona and would like to make an additional tax deductible contribution of:
\$50 \$100 \$150 \$200 Other

I/We plan to make this contribution in the form of:
cash check credit card

* Please make checks payable to: NAMI of Southern Arizona

** We only accept: MasterCard, Visa, Discover and American Express credit cards.

Form with fields: Credit card type, Credit card number, Expiration date, Authorized signature

Acknowledgement Information - Please use the following name(s) in all acknowledgements:

Empty text box for name(s)

I/We wish to have our gift remain anonymous.

My Relationship to the Person(s) living with mental illness is (please circle all that apply):

(Self) (Spouse) (Parent of adult) (Parent of minor-aged child) (Sibling) (Grandparent) (Relative) (Friend)
(Professional servicing individuals living w/ a mental illness)

We want to make sure that all members of our community, regardless of race and/or ethnicity are recognized and supported by NAMI. Please share information about your race/ethnicity so that we can track how well we are including all communities and whether or not everyone is receiving NAMI Southern Arizona's quality education and support.

White, Hispanic/Latino, Am. Indian/Alaska Native, Asian American, Black/African Am.,
Native Hawaiian/Other Pacific Islander, Multiracial, Other (please specify)