



Southern Arizona

Membership/ Donation Form

(Send in Form either by Mail, Fax or E-mail)

Yes! I/we would like to: JOIN RENEW DONATE

Name _____

Address _____

City/State/Zip _____

Phone _____ Cell _____ FAX _____

E-Mail _____

Age (demographics) < 18 18-29 30-39 40-49 50-59 60+ Gender/I identify as Female Male

Annual Membership is for \$5 (open door) \$40 (individual membership) \$60 Household (same address)

How would you like to receive our Affiliate Newsletter? Regular Mail Electronically Both

Your Southern Arizona affiliate membership also makes you a member of NAMI Arizona and NAMI National.

I/We support NAMI of Southern Arizona and would like to make an additional tax-deductible contribution of

\$1,000 \$500 \$250 \$150 \$100 \$50 Other \$ _____

Contribution will be paid via cash credit card check -make checks payable to NAMI Southern Arizona

I/we would like to make a recurring monthly donation of \$ _____

Please renew my membership annually using the credit card information below

**** We only accept: MasterCard and Visa credit cards.** MasterCard Visa

Credit Card number _____

Expiration Date _____ Security Code (3 digit code on back of card) _____

Name as it appears on card (please print) _____

Authorized signature _____

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

I/we wish to have our gift remain anonymous.

My relationship to the person(s) living with mental illness

Self Spouse Parent of adult Parent of minor Sibling Grandparent Relative Friend

Professional servicing individuals living w/ a mental illness Other _____

To assure 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 that NAMI Southern Arizona's quality education and support, is provided equally.

White, Non-Hispanic Hispanic (any race) Native American Black/African American Asian

Native Hawaiian or Pacific Islander Multiracial 2 or more races Other (self-identify) _____

Birthdate: ____/____/____