

Membership/ Donation Form

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

Yes! I/we would like to:	
Name	
Address	
City/State/Zip	
PhoneCell	FAX
E-Mail	Birthdate:/
Annual Membership is for \$\square\$ \$5 (open door) \$\square\$ \$40 (individual membership How would you like to receive our Affiliate Newsletter? \$\square\$ Regular Mail \$\square\$ Your Southern Arizona affiliate membership also makes you a member of N	Electronically Both
I/We support NAMI of Southern Arizona and would like to make an additional ta. \$\begin{array}{c} \\$1,000 & \Boxedam{} \\$500 & \Boxedam{} \\$250 & \Boxedam{} \\$150 & \Boxedam{} \\$50 & \Boxedam{} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
Contribution will be paid via cash credit card check -make checks par I/we would like to make a recurring monthly donation of \$ Please renew my membership annually using the credit card information below	•
** We accept: MasterCard Visa American Express Discover	
Credit Card number	
Expiration Date Security Code (3 digit code on b	back of card)
Name as it appears on card (please print)	
Authorized signature	
Acknowledgement Information - Please use the following name(s) in all acknowledger	ments:
I/we wish to have our gift remain anonymous.	
So that we may best serve our community and to qualify for Arizona Tax Credit st assist us by selecting all the appropriate boxes:	tatus as well as grant funding, please
My relationship to the person(s) living with mental illness: Self Spouse Parent of adult Parent of minor Sibling Grant Professional servicing individuals living w/ a mental illness Other	<u> </u>
Number of persons in your household: 1	can American