

DONOR FORM

- I have enclosed a check payable to Mental Health America of Southeast Florida for \$ _____ as a donation to MHASEFL.
- I wish to charge \$ _____ to my credit card listed below as a donation to MHASEFL.

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home Work Other _____

Email _____

CREDIT CARD PAYMENT			
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMERICAN EXPRESS	
Payment using Discover is available online only			
CARD #:		EXP DATE:	
CARD HOLDER NAME:		SECURITY CODE:	
SIGNATURE:			

Signature required for credit card payments

Is this gift in honor or memory of someone? Yes No

Honoree's Name: _____

Would you like us to notify your someone of your gift? Yes No
 (Please note, if you do not include a name and address, no notification will be sent.)

Person to be notified: _____

Address (include City, State, Zip) _____

The Mental Health America of Southeast Florida is an IRS approved 501(c)(3) corporation. Contributions are tax deductible. MHASEFL is registered as a charitable organization with the Florida Department of Agriculture and Consumer Affairs, registration number SC02513. A copy of the official registration and financial information may be obtained from the Division of Consumer Affairs by calling 800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida.

100% of your tax-deductible contribution will support the programs and services of the Mental Health America of Southeast Florida.