

# Donation Form



## Mental Health Association in Indian River County

Attn: Donations  
820 37<sup>th</sup> Place  
Vero Beach, FL 32960  
Phone: 772.569.9788 Fax: 772.569.2088

**Print this form and mail or fax to the above address to make a donation to MHA in Indian River County**

Name (title, first, last, suffix(es)) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_ HOME WORK CELL

Gift Amount: \_\_\_\_\_

- CASH
- CHECK (made payable to Mental Health America)
- CREDIT CARD (please fill out the information)

Card Type:      MASTERCARD      VISA      AMERICAN EXPRESS      DISCOVER

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_

Please send me information about how to make a planned gift to Mental Health Association. Planned gifts include:

- bequests or other gifts through your will,
- gifts of property or real estate,
- charitable gift annuities,
- stocks, life insurance or other assets

My company has a Matching Gift Program. I will have either enclosed my employer's form with this gift or will mail it shortly.

I would like Mental Health Association to find out if my company has a Matching Gift Program (please fill out the following information).

Company/Location: \_\_\_\_\_

Please send me general information about the MHA.

***Thank you! You will receive a receipt for your gift shortly.***