



Join Us! Membership and Gift Form

Your participation as a donor to the **Mental Health Association of Southeastern Pennsylvania** makes a powerful statement of confidence in the Association's programs that change lives for the better in your community.

- ___ I want to make a gift at the following level:
- Leader**.....\$5,000 or more
 - Partner**\$1,000 - 4,999
 - Sustainer**\$ 500 - 999
 - Associate**.....\$ 101 - 499
 - Friend**\$ 10 - 100

Ways to give:

- ___ I have enclosed a check, payable to MHASP.
- ___ I would like my gift of \$_____ charged against my credit card. Please complete the section below.
- ___ I would like my gift of \$ _____ charged against my credit card in the following installments:
- \$ _____ on Date: _____
 - \$ _____ on Date: _____
 - \$ _____ on Date: _____
 - \$ _____ on Date: _____

___ **My company is a matching gift corporation and I have enclosed the completed form.**

- ___ I would like to make a pledge of \$_____.
- ___ I would like to fulfill my gift of approximately \$_____ through the transfer of appreciated securities. Please contact our FISCAL department at 215-7511800, ext. 248 with information about electronic transfer.
- ___ I am interested in being a member at no charge.

For all gifts, please provide the following information:

For all responding:

Name _____

Address _____

County _____ City _____

State _____ ZIP _____

Phone: Day() _____ Evening() _____

Email: _____

Date of Birth: _____

For those using credit cards:

Visa ___ or ___ MasterCard Expires: _____

Card No. _____

NOTE: Each gift, at \$10 or more, entitles the donor to membership if you are not already enrolled. Among the benefits of membership is a subscription to Lines of Communication, MHASP's regular newsletter; additional periodic publications and invitations to special Association functions throughout the year.

Thank you for helping change lives for the better!