

Donation Form



Mental Health Association of New York City

is a leader in developing innovative approaches to address mental health needs. A nonprofit organization with a three-part mission of services, advocacy and education, MHA-NYC has its roots in New York City, but growing demand has resulted in a need for its innovative services well beyond New York City's borders.

Donor Information (please print or type)

Name	
Address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (business)	
Fax	
E-Mail	

Gift Information

I (we) wish to make a gift of \$_____ to be paid:
___ one-time ___ monthly ___ quarterly ___ yearly.

I (we) wish to make this contribution by:
___ cash ___ check ___ credit card ___ other.

Credit card type:	
Credit card number:	
Expiration date:	Card Security Code:
Authorized signature:	

Gift will be matched by _____ (company/family/foundation).
___ form enclosed ___ form will be forwarded

Acknowledgement Information

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

--

___ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to:

MHA-NYC
Attn: Development Department
50 Broadway, 19th Floor
New York, NY 10004

(212) 614-6376
mellis@mhaofnyc.org

MHA-NYC Tax ID: 13-2637308