



MENTAL HEALTH ASSOCIATION IN MORGAN COUNTY

is a non-profit, non-governmental, voluntary organization dedicated to the promotion of mental health, the prevention of mental illness, and the improved care and treatment of the mentally ill.

New Renewal

I am enclosing my membership of \$ _____

- | | |
|--|--|
| <input type="checkbox"/> Student\$5.00 | <input type="checkbox"/> Patron.....\$100.00 or more |
| <input type="checkbox"/> Senior Citizen.....\$5.00 | <input type="checkbox"/> Club/Organization.....\$30.00 or more |
| <input type="checkbox"/> Individual\$15.00 | <input type="checkbox"/> Church.....\$30.00 or more |
| <input type="checkbox"/> Family.....\$25.00 | <input type="checkbox"/> Business.....\$30.00 or more |
| <input type="checkbox"/> Sustaining.....\$50.00 | |

I would like to become an active volunteer for the Mental Health Association.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail: _____

Please make checks payable to:
Mental Health Association in Morgan County

Memorial or Honorarium

To send a gift, please complete the following:

MEMORIAL

Amount \$ _____

HONORARIUM

Name of Person Being Remembered _____

A Memorial Card/Honorarium Card acknowledging your gift will be sent to the family you designate. You will also receive an acknowledgement.

Name of Person Giving Gift _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Family or Person to Receive Acknowledgment _____

Address _____

City _____ State _____ Zip Code _____

***Note* This form can be printed out and mailed in to the MHA office at P.O. Box 1502 Decatur, AL 35602**