

# PRINT & SEND DONATION FORM



Please mail your tax-deductible donation with this form to:  
The Mental Health Center Greater Manchester  
Attn: Development Office  
401 Cypress Street  
Manchester, NH 03103

## Donor Name:

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Donor Address/Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Donors are recognized in our Annual Report. Check box if you wish to remain anonymous

**Gift Designation:** (check one)  MHCGM Annual Fund  Manchester Mental Health Foundation Endowment

**Gift or Pledge Amount** (please check one)

\$500  \$200  \$100  \$50 Other Amount: \_\_\_\_\_

## Payment Options

I have enclosed a check  I would like to charge my contribution  Bill me for remainder of pledge

Card Type: circle one: MC VISA DISCOVER Card Number: \_\_\_\_\_

Card Exp (MM/YYYY): \_\_\_\_\_ Signature: \_\_\_\_\_

## Honor/Memorial Gifts

If you wish to make this contribution in honor or memory of someone, please include their name in the space below.

**Please circle one: In Honor of In Memory of:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

If you would like MHCGM to send a notification to someone regarding this honorarium or memorial gift, please include the name and address of that person below.

**For Honoree/Memorial acknowledgements:** (for notification purposes only)

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Thank you for your support.**

You will receive acknowledgment by mail for tax purposes within two to four weeks.  
*MHCGM is a 501 (c)(3) non-profit organization recognized by the IRS.*