



**Print this form and mail or fax to the address at the bottom of this page to make a personal donation to Mental Health America of Jackson County.**

Name (Please print)

\_\_\_\_\_

Address

\_\_\_\_\_

City/State/Zip

\_\_\_\_\_

Email Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
HOME WORK CELL (Circle one)

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

- 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 America to find out if my company has a Matching Gift Program (please provide the following information).

Company Name & Address:

\_\_\_\_\_

Contact Person & Phone number:

\_\_\_\_\_

Thank you!

You will receive a receipt for your gift by mail to use for your tax records. Your support is appreciated.

Sincerely,

Laura Stahl  
Executive Director  
Mental Health America of Jackson County  
PO Box #51  
Seymour IN 47274  
Phone 812-522-3480  
Fax 812-524-8176