

YES! I want to support the **Mental Health Association of San Francisco** to improve mental health through education, advocacy, research and service for the diverse communities of San Francisco

There are a number of ways you can support our work to improve mental health in our community. Please feel free to take advantage of more than one opportunity!

Name _____
(As you wish to be acknowledged in our Annual Report)
Address _____
City _____ State _____ Zip _____
Phone (work) _____ Phone (home) _____
My e-mail address is: _____

- Enclosed is my check of:
 \$35 \$60 \$100 \$250 \$500 Other \$ _____

OR

- Please Charge \$ _____ to my credit card account

Card type: Visa MC AMEX
Card number _____ Exp Date _____ / _____ / _____
Name on Card _____ Signature _____

- I would like to make a monthly pledge of \$ _____ each month.**
 Please automatically charge my monthly gifts to my credit card *(please provide credit card information)*.

In addition, my company, _____, will match my gift.
My company's matching gift form is enclosed will be mailed

- Please send me information about remembering MHA-SF in my will
 I am interested in contributing in other ways to MHA-SF. Please contact me.

Please print out this form and mail it to:

**The Mental Health Association of San Francisco
870 Market Street, Suite 928
San Francisco, CA 94102**

Thank you for your generosity!
The Mental Health Association is a non-profit organization.
All contributions are tax deductible as allowed by law.

The bell which serves as a symbol of the Mental Health Association was cast in 1953 from the chains and shackles that once restrained people hospitalized for mental illness. The bell bears this inscription:



*Cast from the shackles which bound them,
this bell shall ring out hope for the mentally
ill and victory over mental illness.*