



7145 W. Oakland Park Blvd.
Lauderhill, FL 33313-1012

Phone: 954-746-2055
Fax: 954-746-6373

www.mhasefl.org

DONOR FORM

I have enclosed a check payable to Mental Health Association for \$ _____
as a donation to MHASEFL

I wish to charge \$ _____ to my credit card listed below as a donation to MHASEFL

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Home _____ Work _____ Other _____

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Credit Card Payment:	Mastercard	Visa	American Express
	Payment using Discover is available online only		
Card # _____	Exp Date _____		_____
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<i>Signature required for credit card payments</i>			

Is this gift in honor or memory of someone? Yes No

Honoree's Name _____

Would you like us to notify your someone of your gift? Yes No

(Please note, if you do not include a name and address, no notification will be sent.)

Person to be notified _____

Address (include City, State, Zip) _____

The Mental Health Association of Broward County (dba Mental Health Association of Southeast Florida) is an IRS approved 501(c)(3) corporation. Contributions are tax deductible. MHA is registered as a charitable organization with the Florida Department of Agriculture and Consumer Affairs, registration number SC02513. A copy of the official registration and financial information may be obtained from the Division of Consumer Affairs by calling 800-435-7352 within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State of Florida.

100% of your tax deductible contribution will support the programs and services of the Mental Health Association of Southeast Florida.