



[www.naminycmetro.org](http://www.naminycmetro.org)

**Yes,** I would like to be a member of NAMI-NYC Metro:

- new membership**       **renewal**
- Basic \$50       Lifetime \$1,000
- Contributing \$100
- Open \$\_\_\_\_\_ [Three dollar minimum]

I would like to make a donation of \$\_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_  
 City/State/ZIP \_\_\_\_\_  
 Phone/Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**If you would like to make a contribution to NAMI-NYC Metro online, please visit the 'donate' section of our web site :**

**[www.naminycmetro.org/donate.htm](http://www.naminycmetro.org/donate.htm)**

- Enclosed is my check, made payable to NAMI-NYC Metro.
- Please charge my credit card:
  - Visa     Mastercard     AMEX
  - Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_
  - Signature \_\_\_\_\_
  - Credit card billing address \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
- I would like to become a SUSTAINING DONOR.  
 Please charge my credit card \$15 / \$20 / \$25/ \$ \_\_\_\_\_  
 per month, until \_\_\_\_/\_\_\_\_/\_\_\_\_  
month      date      year

- I am not willing to have my donation acknowledged publicly.
- I do not wish to become a member of NAMI-NYC Metro.
- My employer provides MATCHING GIFTS.  
 [Please let your employer know that you have made a donation.]
- I would like to GO DIGITAL. Please sign me up to my NAMI-NYC Metro communications via email. Email address \_\_\_\_\_

My donation is in honor/memory of \_\_\_\_\_  
 Send acknowledgement to (name and address) \_\_\_\_\_

**National Alliance on Mental Illness of New York City Metro, Inc.**  
 505 Eighth Avenue, Suite 1103, New York, NY 10018  
 Tel: 212.684.3365 Fax: 212.684.3364 Helpline: 212.684.3264  
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