



National Alliance on Mental Illness

New York City Metro

Find help. Find hope.

www.naminyc.org

**Yes! I want to make a gift today
to give support to New York
families and individuals impacted
by mental illness.**

- \$1,000** – Cost for one month to enable the *Helpline* to serve 300 people
- \$500** – Cost to train one *NAMI Basics* teacher
- \$250** – Provides materials for one 12-week *Family-to-Family* course for 20 people
- \$100** – Provides *support group* for 24 people
- \$50** – Course materials for one *Peer-to-Peer* participant
- \$30** – Stipend for one *In Our Own Voice* presenter
- I would like to make a \$_____ gift

Contact Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

- I wish this gift to be anonymous.
- My employer provides **MATCHING GIFTS**.
Please let your employer know you have made a donation.

My gift is in honor/memory of _____

Send acknowledgment to (name and address) _____

Payment Information:

- Enclosed is my check made payable to
“NAMI-NYC”
- Please charge my gift of \$_____
 - MasterCard
 - Visa
 - American Express

Card Number _____

Exp. Date _____

Name on Card _____

Billing Address _____

NAMI-NYC

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To make a donation online, please visit

www.naminyc.org/donate