

Please fill out and return to:
The Mental Health Association in Genesee County
25 Liberty Street
Batavia, NY 14020

2012 Annual Fund Campaign

Name: _____
Address: _____

I would like to support the Mental Health Association in the amount of:

<input type="checkbox"/>	\$500.00	Leader
<input type="checkbox"/>	\$250.00	Benefactor
<input type="checkbox"/>	\$100.00	Pacesetter
<input type="checkbox"/>	\$ 50.00	Patron
<input type="checkbox"/>	\$ 25.00	Friend
<input type="checkbox"/>	Other	\$ _____

Your gift to this appeal will provide you with membership including voting privileges in the 2012 calendar year.
You will also be recognized in our 2012 Annual Report.

I have not made a contribution to the 2011 Annual Appeal but would like to do so at this time in the amount of \$_____. With this contribution, I will be recognized in the 2011 Annual Report.



YOUR CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT ALLOWABLE BY THE LAW.
Please return this portion with your contribution to: **MHA in Gen. Co. 25 Liberty St. Batavia, NY 14020**