



Your Mental Health Connection

### MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

#### DONOR INFORMATION

Donor Name (First Name and Last Name): \_\_\_\_\_

#### ADDRESS INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email (optional): \_\_\_\_\_

Telephone Number (optional): \_\_\_\_\_  Home  Mobile

I'd like my gift to remain anonymous.

#### PAYMENT OPTIONS

One Time Gift Amount: \_\_\_\_\_

I've enclosed my check made payable to **Pro Bono Counseling**

Please charge my credit/debit card:

Visa  MasterCard  American Express  Discover

Cardholder's Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

#### OR Become a COUNSELING CATALYST

Your monthly gift will make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$\_\_\_\_\_ per month on this date: \_\_\_\_\_.

YES! I would like to make a monthly gift in the amount of \$\_\_\_\_\_ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any **time** by calling 410.825.1001.

#### I WANT TO SUPPORT

Please designate your gift to one of the following:

Area of most need

Counseling

CHAI Program

WARMLine

Other: \_\_\_\_\_

I want my donation to be dedicated (optional):

In Honor Of

In Memory Of

\_\_\_\_\_

Please send an acknowledgement to the individual or organization to whom I am dedicating my donation.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please mail completed form to Pro Bono Counseling, 5900 Metro Drive, Baltimore, MD 21215

Since 1991

Linking Families, Individuals, Couples and Children with Mental Health Professionals in Maryland

ProBonoCounseling.org | 5900 Metro Drive | Baltimore, MD 21215 | 410.825.1001 | 410.598.0234 WARMLine