

Membership Enrollment/ Renewal Form



Please mail or fax this form to: Mental Health America of the Heartland *Formerly Mental Health Association of the Heartland* Attn: Membership Office

739 Minnesota Ave., Kansas City, KS 66101 Phone: (913) 281-2221 Fax: (913) 281-3977

Name (title, first, last, suffix(es)) _____

Address _____

City/State/ZIP _____

E-mail Address _____ Daytime Phone _____

How would you like to receive our Newsletter? USPS Mail E-mail

Individual Membership--\$35/year Bronze Bell Membership--\$50/year

Silver Bell Membership--\$100/year Gold Bell Membership--\$250/year

Please check here if this is a membership renewal

In addition to my membership, I would like to make a donation in the amount of \$_____.

Payment Type:

Cash Check (made payable to **Mental Health America of the Heartland**)

Credit Card

Credit Card Type: Total Amount Charged to Credit Card: _____

American Express VISA

Discover MasterCard

Card Number _____ Exp. Date _____

Signature _____

Please send me information about how to make a planned gift to Mental Health America of the Heartland.

Planned gifts include:

Bequests or other gifts through a will

Charitable gift annuities

Stocks, life insurance or other assets

Thank you! You will receive your confirmation of membership shortly!