



National Alliance on Mental Illness

nami

Whatcom

Donation and Membership Form

Return via Mail: P.O. Box 5571, Bellingham, WA 98227

Return in person: 800 E Chestnut St. Suite 1C, Bellingham, WA

Donor/Member Information

Name (or business): _____ Phone: _____ Email: _____

Address: _____ City/State/Zip: _____

Total Amount NAMI will receive: _____

NAMI Membership

Choose one:

Household Membership
\$60

Individual Membership
\$40

Limited Income Membership
\$5

Choose one:

New Member

Renewal

Donation

**All donations are tax deductible to the extent of the law (please refer to your accountant)*

Choose one:

\$25 \$50 \$75 \$100 \$200 \$500 Other: \$ _____

Acknowledge my donation or sponsorship

In loving memory of: _____

In honor of: _____

N/A

Comments

Thank you for your contribution. For more information, please call the NAMI Office at 360-671-4950 or visit www.namiwhatcom.org