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Whatcom

National Alliance on Mental Illness

Membership/Donation Form

Mail to: P.O. Box 5571, Bellingham, WA 98227

In Person: 800 E Chestnut St., Suite 1C, Bellingham, WA

Name: _____

Address: _____

Phone: _____

Email: _____

Membership Type:

Household (\$60) _____
(members of one household)

Regular (\$40) _____
(individual)

Open Door (\$5) _____
(individual/limited income)

New _____ Renewal _____

Donation Amount: _____

In memory/honor of (circle one): _____

If you would like us to inform someone of your donation, please provide their information here:

Total Amount: _____

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