

Thank You!

Together, we're making a difference !

Name(s): For a Household Membership, list *all* member names:

Address:

..... Zip

Phone: (.....)

E-mail Address

Please list this membership/donation as "anonymous."

Donation is in honor -or- memory of.....

Please specify:

Membership:

- \$ 40 Individual
- \$ 5 Open Door, limited income
- \$ 60 Household

— or —

Donation: \$ _____ Amount

Please include membership in this donation.

Membership includes
local, state, and national NAMI.

Membership and monthly or
one-time donations may also be
securely paid by credit card at
www.namibuffalony.org



nami

National Alliance on Mental Illness

Buffalo &
Erie County

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