

MEMBERSHIP/DONATION FORM
Join, renew, and/or donate to NAMI-SCC

I would like to join:

Individual (\$40)

Household (\$60)

Open Door (\$5)

New Membership

Renewal Membership

I would like to donate:

\$50 \$75 \$100

\$250 Other

In Memory of In Honor of

My company has a Matching Gift Program:

Name _____

Address _____

City/State _____ Phone () _____

Zip Code _____ Email _____