



Your tax-deductible gift will help a person with disabilities lead a productive life and serve to commemorate a loved one . . . a friend . . . or an event.

Each gift is acknowledged to the donor. A card announcing the gift is sent to the person being remembered or to the family who has lost a loved one. The amount of the gift is not mentioned.

THANK YOU.

Enclosed is a contribution of \$ _____ payable to Christian County Mental Health Association.

Please use my gift

- As needed
- Endowment Fund
- Other _____

In Memory of _____

In Honor of _____

On the Occasion of _____

Donor's name _____

Donor's address _____

City _____ State _____ ZIP _____

Send gift announcement to: _____

Name _____

Address _____

City _____ State _____ ZIP _____

. . . by investing in people

MAIL COMPLETED FORM AND DONATION TO:

**Christian County Mental Health Association
P.O. Box 438
Taylorville, IL 62568**