



NAMI Bucks County



Stride For Mental Health Awareness

OFFLINE DONATION FORM

This printable form is available for participants to gain pledges offline. Please fill out all the blank spaces and make sure that the participant you are sponsoring is listed correctly to be sure that the money is applied to their fundraising goal.

**Support the National Alliance on Mental Illness of PA, Bucks County Chapter
STRIDE FOR MENTAL HEALTH AWARENESS**

My Pledge is Sponsoring (participant or team name): _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PAYMENT INFORMATION:

Enclosed is my check in the sum of \$ _____

Please make check(s) payable to: **NAMI of PA, Bucks County Chapter**

Please charge my donation to:

Check one: Visa Mastercard

Check *Check number:* _____

Credit Card Account Number: _____

Name (As it appears on credit card): _____

Card Security Code: _____ *Expiration Date:* ____/____/____

(usually the 3-4 digits on the security panel)

Please Note: The address above must match the address that is associated with your credit card.

Please do not add me to your mailing list Please do not add me to your email list

Please mail this form and your check(s) to:

NAMI of PA, Bucks County Chapter

600 Louis Drive, Suite 106

Warminster, PA 18974

The National Alliance on Mental Illness of Bucks County is a non-profit organization under Section 501(C)(3) of the IRS Code. In accordance with IRS regulations, no goods or services have been provided in consideration of this contribution. Dues and donations are income tax deductible.

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