

For 54 years, Mental Health America of Southwestern PA (MHASWPA) has worked to fight the stigma associated with mental illness through outreach and educational efforts. MHA of Southwestern PA provides educational programs that help individuals learn about mental wellness as well as explain the challenges of depression, bipolar disorder, other types of mental illness, and those impacted by addiction and suicide loss.

We continue to bring to the forefront key mental health issues to battle the stigma associated with the disease, teach others about mental wellness and deal better with the tragedies that our communities sometimes face.

MHASWPA invites you to support mental wellness and recovery by becoming part of the Bell of Hope; working together to foster a life style that advances mental wellness because there can be no health without mental health.

Please visit our website at www.mhaswpa.org; follow us on twitter at [mha_swpa](https://twitter.com/mha_swpa); and sign-up for our e-mailings by giving us your email below.



**Be a Friend of
Mental Health America of Southwestern PA
Support Recovery through the Bell of Hope**

Our mission is to transform lives by promoting mental health, wellness and recovery for individuals, families, and communities through education, advocacy, and services.

The bell image in our logo is a graphic representation of the Mental Health America Bell. The Bell was forged more than 53 years ago, as a sign of hope, from the iron chains and shackles that bound people in mental asylums. It serves as a powerful reminder of the past and the progress made. The inscription on the MHA Bell reads: "Cast from the shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness."

Bell of Hope Annual Pledge Form for 2018

How do you wish your name to appear in donor listings? _____

I / We wish to remain anonymous.

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

- Platinum** Gifts of \$2,500 and more
- Gold** Gifts of \$500 to \$2,499
- Silver** Gifts of \$150 to \$499
- Bronze** Gifts of \$25 to \$149

Form of Payment:

Check enclosed \$_____ MasterCard Visa Credit Card
 Enclosed is a payment of \$_____ toward my total pledge of \$_____ to be paid _____ monthly _____ quarterly.

Credit Card Number _____ Expy. Date _____

Signature: _____

_____ Company Matching Gift. I have enclosed my (and/or my spouse's employer) matching gift form(s).

"Your contribution will be credited towards the 2018 calendar year."

Please make your check payable to MHASWPA and mail to—409 Coulter Avenue, Suite 4, Greensburg PA 15601