



National Alliance on Mental Illness

NAMI New Hampshire



Expanding Prevention and Intervention Programs:

A New Home for Children and Youth Services

Yes! I will help NAMI NH expand programs and services for children and their families by supporting renovations to 87 North State Street.

Donor Name(s): _____

Donor Address: _____

Donor Telephone/Email: _____

- I would like to discuss naming opportunities.
- I wish to make a gift of stock.
- I wish to remain anonymous.

GIVE TODAY

- My check is enclosed.
- Please charge a gift of \$ _____ to my credit card.

Credit Card #: _____

Expiration: _____ CSC Code: _____ Billing ZIP code: _____

MAKE A PLEDGE

My contribution will be delivered to NAMI NH by December 31, 2018.
Pledges over \$15,000 may be paid over 3 years.

- I would like to make a total pledge of \$ _____
- Please charge me \$ _____ : Once/Monthly/Quarterly