

**Make a donation to the Mental Health Association in Niagara County, Inc.**

Please consider making a voluntary contribution to help improve services for individuals with mental illnesses and to promote mental health.

**Donation Form**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Amount of donation:** \$ \_\_\_\_\_

Please make checks payable to the Mental Health Association in Niagara County, Inc.

Mail form and check to:

Mental Health Association in Niagara County, Inc.  
36 Pine Street  
Lockport, NY 14094

Thank you for your donation!!