** 65 Messimer Drive**

**Newark, OH 43055**

**(740) 522-1341**

[**www.mhalc.org**](http://www.mhalc.org)

**Become a Member or Renew Your Membership:**

To join or renew your MHALC membership, please complete the information and payment form below.

|  |  |
| --- | --- |
| **MEMBER INFORMATION** | |
| **Title:** |  |
| **Name** |  |
| **Company or Organization** |  |
| **Email** |  |
| **Phone** |  |
| **Address** |  |
| **Address (Line 2)** |  |
| **City, State, Zip** |  |
| **Billing Address (if different):** |  |
| **City, State, Zip** |  |

**LEVELS OF MEMBERSHIP**

**New Membership\_\_\_\_ Renewal\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **(√) check one** | **Amount** | **Type** |
|  | **$, 1000** | **Major Benefactor\*\*** |
|  | **$500 – 999** | **Patron\*\*** |
|  | **$250 – 499** | **Bell Ringer\*\*** |
|  | **$135 – 249** | **Professional** |
|  | **$25** | **Basic Annual** |
|  | **Amount\_\_\_\_\_\_** | **Other Donation** |

**\*\* Entitles business to a mental health training program for employees. (Please call MHALC at 740.522.1341 to schedule a program)**

**Check payments should be mailed to Mental Health America, 65 Messimer Drive, Newark, OH 43055.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Payment Method** | | | |
| **Monthly or 1 Time Gift??** | **\_\_\_One Time \_\_\_Monthly $\_\_\_\_\_\_\_per month \_\_\_\_Mo. Date of withdrawal** | | |
| **Total Donation** |  | **Credit Card Type** |  |
| **Name on Credit Card** |  | | |
| **Credit Card Number** |  | | |
| **CVV Number**  **(3 digits on back of card)** |  | | |
| **Expiration Date** | **Month\_\_\_\_\_\_ Year\_\_\_\_\_\_\_** | | |
| **Signature** |  | | |

**Credit Card Authorization Agreement**

By completing and submitting this form, I hereby authorize Mental Health America of Licking County (MHALC) to initiate automatic donations from the credit card provided on the recurring schedule I have specified. The recurring donation will continue without any additional involvement from the card holder until MHALC is informed otherwise and receives change confirmation by mail or telephone.

**Monthly Donation Authorizing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**