



65 Messimer Drive, Unit 3
 Newark, OH 43055
 (740) 522-1341
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 _____

(v) check one	Amount	Type
	\$ 1000 and over	Major Benefactor**
	\$500 – 999	Patron**
	\$250 – 499	Bell Ringer**
	\$100 – 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, Unit 3, 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: _____