

# DONATION FORM

Thank you for going the extra mile by collecting additional donations. Your generous efforts will further support MHA's programs and services in Delaware.

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

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

Phone or email: \_\_\_\_\_ Donation: \_\_\_\_\_

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

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

Phone or email: \_\_\_\_\_ Donation: \_\_\_\_\_

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

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

Phone or email: \_\_\_\_\_ Donation: \_\_\_\_\_

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

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

Phone or email: \_\_\_\_\_ Donation: \_\_\_\_\_

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

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

Phone or email: \_\_\_\_\_ Donation: \_\_\_\_\_

Total Contributions: \_\_\_\_\_

\_\_\_\_\_  
**Team Captain's Name (if applicable)**

## I DO NOT WISH TO RACE BUT I WOULD LIKE TO DONATE:

\$25

\$50

\$75

\$100

\$150

\$200

\$250

other

Make check payable to MHA, clip and mail to:

Mental Health Association in Delaware  
100 West 10th St., Suite 600; Wilmington, DE 19801