



**BECOME A MEMBER/MAKE A DONATION**

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

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Please check box if your address has changed.

Individual \$40.00     Household \$60.00     Open Door \$5.00\*

(\*Reduced membership for individuals with financial need)

*A portion of your dues goes to National Alliance on Mental Illness (NAMI) and NAMI-NYS for your membership in your state and national organization!*

**\*New Rates Beginning July 2017**

**Yes,** I want to help NAMI Rockland provide *Education, Advocacy and Support* to the residents of Rockland County and fight for the rights of people affected by mental illness! Enclosed is my additional contribution of:

**\$25    \$45    \$65    \$100    \$250    \$500    Other \$ \_\_\_\_\_**

***I am making this donation In Memory/Honor of:*** \_\_\_\_\_

Please send acknowledgement of this donation to:

Name \_\_\_\_\_

Address \_\_\_\_\_

Enclosed is my check made payable to *NAMI Rockland*

Please charge my credit card: Visa    MasterCard    Discover    AMEX

Card number: \_\_\_\_\_

Signature: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

I want to become a monthly donor! Please charge my credit card \$10 or more per month.

*NAMI Rockland is a Non-profit 501(c) 3 organization. Contributions are tax deductible to the extent allowed by law*

**NAMI Rockland • PO Box 635, Orangeburg, NY 10962 • [www.namirockland.org](http://www.namirockland.org)**

***Turn Over***

**Keep me informed!** I would like to receive NAMI Rockland's email notifications of meetings and events, as well as updates from NAMI-NYS & NAMI's E-news (national), full of the most recent mental health advocacy information.

My email address is: \_\_\_\_\_

**PLEASE CHECK ONE!**

- I would like to go *paperless* and receive notifications from NAMI Rockland **ONLY via Email and not receive regular mail.**
- I would like to remain on NAMI Rockland's regular mailing list **AND** get email updates.
- I would like to opt out of emails from NAMI-NYS and NAMI (national)

I would like to become a NAMI Rockland Volunteer.

**Please contact me.**

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

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_



**(845) 359-8787**

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***NAMI Rockland – FIND HELP. FIND HOPE.***

*Serving Families through Education, Advocacy, Support and the Promotion of Research*

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