

MHA
Mental Health America
AUGUSTA CHAPTER



Yes, I'd like to help in the fight against mental illness and join the Augusta Chapter of Mental Health America. Enclosed is my tax deductible check for \$__10.00_ for a one year membership.

No, I'm not ready to join but I'd like to make a contribution to the Augusta Chapter of Mental Health America. Enclosed is my tax deductible check for \$_____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER (optional) _____

Mail to:

Mental Health America, Augusta Chapter

1720 Central Avenue

Augusta, Georgia 30904