

**Mental Health America of Lake County  
Membership Form**

**Yes! I want to support the mission of the MHA by:**

- **Becoming a New Member:**    Individual \$50       Family \$100       Other \_\_\_\_\_
- **Renewing My Membership:**  Individual \$50       Family \$100       Other \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

- **Giving a Gift Membership:**    Individual \$50       Family \$100       Other \_\_\_\_\_

Gift Occasion \_\_\_\_\_

Recipient(s) Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Recipient(s) Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- **Giving a Tax-Deductible Charitable Donation:** \$ \_\_\_\_\_

*My company will match my gift (please mail us their forms).*

Company Name \_\_\_\_\_

*I am interested in Planned Giving opportunities.*

**New or Renewal Member:**    \$ \_\_\_\_\_

**Gift Membership:**            \$ \_\_\_\_\_

**Charitable Donation:**        \$ \_\_\_\_\_

**Total Enclosed:**              \$ \_\_\_\_\_

*My check is enclosed payable to Mental Health America of Lake County*

**Mail to:** Mental Health America of Lake County

5201 Fountain Drive, Suite I

Crown Point, IN 46307

Phone: (219) 736-4955

Fax: (219) 736-4998

Website: [www.mhalakecounty.org](http://www.mhalakecounty.org)



Thank you for your support!