



***Please accept my tax deductible gift of:***

\$25     \$50     \$100     \$250     \$500     Other \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_



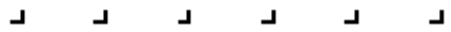
***This gift is:***

In honor of: \_\_\_\_\_

In memory of: \_\_\_\_\_

***Please send acknowledgement letter to:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



***Payment:***    \_\_\_\_\_ Check enclosed    \_\_\_\_\_ Visa    \_\_\_\_\_ MasterCard

Name as it appears on card \_\_\_\_\_

Card number: \_\_\_\_\_ Expiration date: \_\_\_\_/\_\_\_\_



***I would like:***

- Information about planned giving
- Information about MHCD
- To volunteer for MHCD

My e-mail address is \_\_\_\_\_

***Mail to:***  
***Development Department***  
***Mental Health Center of Denver***  
***4141 E Dickenson Place***  
***Denver, CO 80222***

***Thank you!***