



Your Mental Health Connection

MAIL-IN DONATION FORM

Please print this form and complete the information below to ensure we can properly process and acknowledge your gift.

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

ADDRESS INFORMATION

Address: _____

City: _____ State: _____ Zip Code: _____

Email (optional): _____

Telephone Number (optional): _____ Home Mobile

I'd like my gift to remain anonymous.

PAYMENT OPTIONS

One Time Gift Amount: _____

I've enclosed my check made payable to **Pro Bono Counseling**

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Expiration Date: _____

Signature: _____

OR Become a COUNSELING CATALYST

Your monthly gift will make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$_____ per month on this date: _____.

YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any **time** by calling 410.825.1001.

I WANT TO SUPPORT

Please designate your gift to one of the following:

Area of most need

Counseling

CHAI Initiative

Terapias Initiative

WARMLine

Other: _____

I want my donation to be dedicated (optional):

In Honor Of

In Memory Of

Please send an acknowledgement to the individual or organization to whom I am dedicating my donation.

Name: _____

Address: _____

Please mail completed form to Pro Bono Counseling, 1500 Union Ave, Ste 2100, Baltimore, MD 21211

Since 1991

Linking Families, Individuals, Couples and Children with Mental Health Professionals in Maryland

ProBonoCounseling.org | 1500 Union Ave | Ste 2100 | Baltimore, MD 21215 | 410.825.1001 | 410.598.0234 WARMLine