



NAMI Chicago Membership & Donation Form

(DUES & DONATIONS ALSO ACCEPTED AT WWW.NAMICHICAGO.ORG)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone (_____) _____ - _____ Home Mobile Work
 Email _____
 I wish to receive emails I do not wish to receive paper mail

MEMBERSHIP
Please add my name to the NAMI Chicago Membership Roster of individuals dedicated to improving the lives of those affected by mental illnesses. **New** **Renewing**

Individual Membership
 \$40 Annually

Household Membership A Household membership applies to everyone living in a single household whose names are provided to NAMI Chicago.
 \$60 Annually
 Name of household members _____

Membership Plus Donation
 \$80 Annually
 \$100 Annually
 \$250 Annually
 \$500 Annually

Open Door Membership for those with limited financial resources
 Open Door Rate (\$5 per year for an Open Door membership for an \$ _____ individual member with limited financial resources)

DONATION of \$ _____

Memorial/Tribute: *Please make this donation a Memorial or Tribute Gift*
 Gift is: (select one, and write in name(s) or occasion)
 In Memory of: _____
 In Honor of: _____
 On Occasion of: _____
 Please notify the following individual(s) of this Memorial or Tribute Gift:
 (The amount will not be disclosed)
 Name _____
 Address _____
 City _____ State _____ Zip _____

Matching Gift Program: *My Employer has a Matching Gift Program (Please Attach Form)*

Total Contribution: \$ _____ **Check/Money Order** **Credit/Debit** **Cash**

Complete if paying by **CREDIT/DEBIT CARD** Please charge \$ _____
 to VISA MC DISC AMEX # _____ - _____ - _____
 Exp. Date ____/____/____ 3 Digit Code _____ Signature _____

NAMI Chicago membership enrolls you in membership for NAMI IL and NAMI National.

Thank you for your support!