

## NAMI Westchester Membership

Yes! I want to support NAMI Westchester to help improve conditions for those with mental illness and to receive useful information. I will receive newsletters from NAMI Westchester, NAMI-NYS & NAMI (national).

**MEMBERSHIP SUPPORT:** *(A portion goes to NAMI-NYS and NAMI National)*

\$1000 Philanthropist     \$500 Benefactor     \$250 Patron     \$100 Advocate

\$40 Friend     \$1-35 Limited Income \$ \_\_\_\_\_ (NAMI Westchester Membership only)  
*(Please enter amount)*

\$100 Agency

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_ made payable to "NAMI Westchester"

Please charge my  VISA     MasterCard     American Express card

in the amount of \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_