



Mental Health Association
of Erie County

Donation Form

Name: _____

Mailing Address: _____

Donation Amount: \$ _____

Form of Payment: Check

* Please also note, PayPal is available on our website where you can make a donation via Visa or MasterCard

Please acknowledge my donation via:

my mailing address

my email address _____

How did you hear about us? _____

***Make All Checks Payable to: Mental Health Association of Erie Co.**

I would like my donation to go to:

(Check All That Apply)

- Child & Family Support Programs
- College & University Mental Health Initiatives
- Creative & Artistic Programs
- Healthy Eating Institute
- Information & Referral (Telephone Intervention Services)
- Legal Services & Advocacy
- Writing & Well-Being

School Programs:

- B.E.S.T.—Basic Emotional Skills Training
- H.E.A.R.T.—Helping Every Adolescent Rally Together
- T.E.L.L.-I.T.—Teaching Emotional Lessons for Life

Veterans Programs:

- Give An Hour
- Take A Case

For other donation designations (Technology, furniture, supplies, etc), please contact MHA Administration for detail
(716) 886.1242 ~ 999 Delaware Avenue, Buffalo, NY 14209

Thank you very much for your kind and generous support of the daily work
of the Mental Health Association of Erie County. Please follow our important
work on our web site and Facebook, Ning pages.

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