



When mailing this donation form, please send it to the following address:

*The Kids Mental Health Foundation
P.O. Box 548
Columbus, OH 43216-0548*

For a personal gift, complete this section

Prefix (Mr., Mrs., Ms., Dr., etc.) _____

First Name: _____

Last Name: _____

Suffix (Jr. III, M.D., etc.) _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Email Address: _____

Gift Amount: _____

Memorial or Special Occasion Gift Information:

In Memory of: _____

In Honor of: _____

Other Occasion: _____

For a business or organization gift, complete this section

Org Name: _____

Contact Name: _____

Position: _____

Address Line 1: _____

Address Line 2: _____

City, State, Zip: _____

Business Phone: _____

Website: _____

This gift is a: One-time Gift
 Recurring, Monthly Gift

Begin Recurring gift on: / /
Date

Please Notify the Following Person of My Gift:

Name: _____

Address: _____

City, State, Zip: _____

Contributions to The Kids Mental Health Foundation are tax deductible to the extent allowed under IRS guidelines. For more information, please call us at (844) 894-4748.