

# ON OUR SLEEVES<sup>®</sup>

The Movement for Children's Mental Health

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

*On Our Sleeves  
P.O. Box 16810  
Columbus, OH 43216-6810*

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 On Our Sleeves are tax deductible to the extent allowed under IRS guidelines. For more information, please call us at (614) 355-5445.