NAMI Main Line PA

National Alliance on Mental Illness

To join, renew your membership, and/or make a donation, please fill out this form and send it with your check made payable to
NAMI Main Line PA, 17 Mifflin Avenue, Suite 205, Havertown, PA 19083
or go to https://namimainlinepa.org/sign-up/.

Please note that all memberships include membership in NAMI Main Line PA (local affiliate), NAMI Keystone Pennsylvania (state affiliate) and NAMI National.

First Name_____ **Last Name** _____

Spouse (optional)_____ **Telephone** (_____)_____

Address_____ _____ _____
Street Town State Zip

Email_____ **County**_____

Payment Information:

Dues ____$60 Household ____$40 Individual ____$5 Open Door (For those with limited income)

Donation ____Additional donation will be appreciated – Thank you! $_____

We acknowledge donations in our newsletters and on our website. If you prefer your donation to be anonymous, please check here. _____

If you want any additional donation____in *honor* of or____in *memory* of someone special, let us know his/her name: _____

_____

If you would like to us to send an acknowledgement of your donation to the honoree or family/friend for an in memory donation, please include the address below:

_____

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NAMI Main Line PA is a non-profit organization under Section 501(c)(3) of the IRS Code.
Dues and donations are income tax deductible.