

Thank You!

Together, we are making a difference !

Name: For a Household Membership, list members:
Address: Spouse/Partner:
..... Zip Additional:
Phone:
E-mail

*Pay securely online at www.namibuffalony.org or enclose your check
----- envelope fold -----*

Donation: \$ include a membership in my donation

Membership: \$ 40 Individual
includes local, state \$ 5 Open Door (limited income)
and national dues. \$ 60 Household (list members above)

Total Enclosed: \$

Donation is in Honor of Memory of
(enclose name and address of person you wish to be notified of your donation)

You may publicize my: name _____ donation _____ membership _____

NAMI Buffalo & Erie County

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