

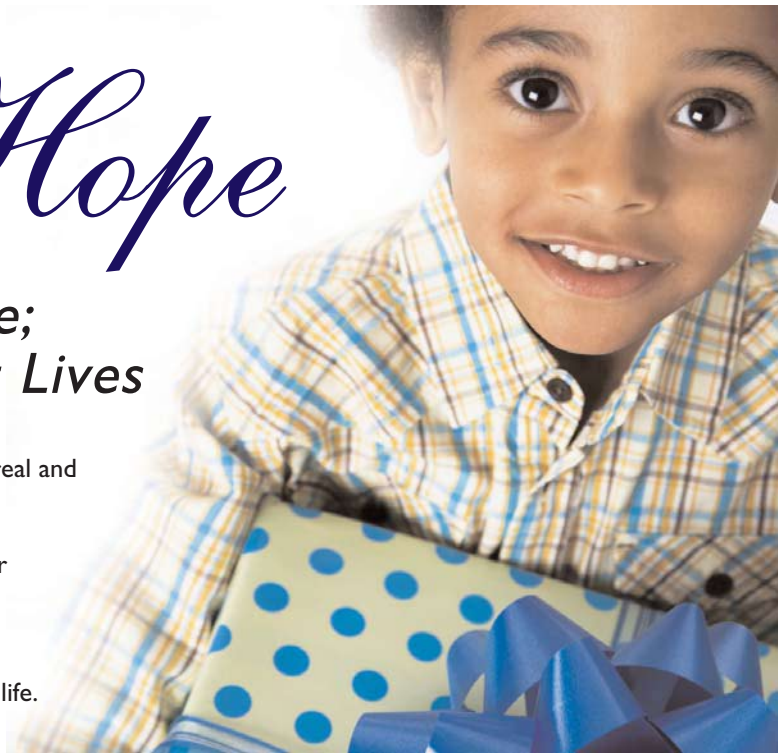
Gifts of Hope

Sponsor a Gift of Hope; Actual Services that Impact Lives

Become a Gifts of Hope donor today; help someone to make real and lasting change in their life.

Makes a very special gift in memory of or in honor of friends or loved ones or a gift to commemorate a special occasion.

Recipients will receive a gift card informing them of your gift and specifically how the donation will help improve someone's life.



Gift #1

Hotline

Save a life; provide a caring Hotline listener for someone in desperate crisis

\$65 ~ Sponsor crisis intervention training for a Hotline volunteer

Gift #2

Counseling Services

Deliver hope to children & families in crisis; donate professional counseling services

Provide a child or family with professional therapy for:
\$100 ~ A month of counseling sessions

Gift #3

Parent Power

Prevent child abuse; donate a scholarship for a parent to attend a 7-week Parent Education program

\$80 ~ Provide full 7-week scholarship for one parent

Gift #4

Telephone Reassurance Program

Reach out to the homebound elderly; provide a daily support call from a volunteer

\$48 ~ Daily calls for one month

Gift #5

Court Appointed Special Advocates (CASA)

Provide comfort for abused & neglected children in the foster care system; donate "basic necessity care packages" for delivery to each child served by CASA

\$75 ~ Provide five "Care Packages" for children in foster care

Gift #6

Child Care Choices

Nurture a child; donate a scholarship for a child care provider to attend ongoing child development and safety training

Sponsor training for a Child Care Provider for:
\$25 ~ Sponsor a 1-class scholarship

Gifts of Hope Order Form

Contact & Billing Information for this Donation

Sender's Name(s): _____

Address: _____

City/State/Zip: _____

Phone Number: _____ E-Mail _____

Donation Form

	Total # Gifts	Total Donation
Gift #1 Hotline Benefactor	\$65 x _____	= \$ _____
Gift #2 Counseling Services Benefactor	\$100 x _____	= \$ _____
Gift #3 Parent Power Benefactor	\$80 x _____	= \$ _____
Gift #4 Telephone Reassurance Benefactor	\$48 x _____	= \$ _____
Gift #5 Court Appointed Special Advocate (CASA) Benefactor	\$75 x _____	= \$ _____
Gift #6 Child Care Choices Benefactor	\$25 x _____	= \$ _____

Donation in Honor/in Memory

Gift Selection # _____ Program Name _____ in the amount of \$ _____

Recipient Name: _____

Address: _____

City/State/Zip: _____

Gift designated in Memory of: _____

(Please specify who to send the gift acknowledgement to above)

Payment Options

Enclosed is a check made payable to the Mental Health Association in the amount of \$ _____

Visa MasterCard Number _____ / _____ / _____ Exp. Date: _____

3-Digit Code on back of card _____ Signature: _____

Name on card _____

MHA is a 501c3 organization - donations to which are tax deductible to the fullest extent allowed by law.
Mail to MHA, 263 W Patrick St, Frederick, MD 21701 or call Cindy Burdette at 301.698.4974

For additional gift orders, attach a separate sheet.