



NAMI

Clackamas

National Alliance on Mental Illness

Since 1978

10202 SE 32nd Ave, Suite 501 - Milwaukie, OR 97222 503-344-5050 - www.namicc.org - info@namicc.org

Membership Form

Date: _____

Name: _____ E-mail: _____

Organization: _____

Address: _____

City/State/Zip _____

Phone: _____ Alternate Phone: _____

Additional Names in the Household

Name: _____ E-mail: _____

<input type="checkbox"/> \$100 (\$5 membership plus \$95 donation)	<input type="checkbox"/> Other amount \$
<input type="checkbox"/> \$60 (\$5 membership plus \$55 donation)	<input type="checkbox"/> \$5 membership only
<input type="checkbox"/> \$40 (\$5 membership plus \$35 donation)	

Donation in memory or honor of _____

*All memberships include NAMI Clackamas, NAMI Oregon, & NAMI National
All donations directly benefit NAMI Clackamas*

- Please contact me about volunteer opportunities.
- Please send me the monthly electronic NAMI Newsletter.
- I have enclosed a matching gift form from my employer that can double or triple my gift!

Please make checks payable to NAMI Clackamas
Or pay with a Visa, MasterCard, Discover or American Express:

Card number: _____ Expires: _____ CVV code: _____

Signature: _____

Please return form to:
NAMI Clackamas
10202 SE 32nd Ave., Suite 501
Milwaukie, OR 97222

For office use only:

Check number: _____

Date on check: _____

Amount: _____

