



Donation Form

Thank you for your donation!

Your donation allows us to expand and improve mental health services in Johnson County, providing tangible hope and impact in our community. All donations are tax-deductible.

1. Please make checks payable to “Friends of Johnson County Mental Health Center”
2. Write “Friends of Johnson County Mental Health” in the memo line
3. Mail this form along with your donation to:
Johnson County Mental Health Center
6000 Lamar Avenue, Suite 130
Mission, KS 66202

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____

Donation Amount:

\$25 \$50 \$100 \$250 \$500 Other: _____

Direct Funds To:

- | | |
|---|--|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Zero Reasons Why |
| <input type="checkbox"/> Education & Outreach | <input type="checkbox"/> JoCo Suicide Prevention Coalition |
| <input type="checkbox"/> Client Support | <input type="checkbox"/> Tiff Tiff's Warrior Fund |
| <input type="checkbox"/> Staff Development | <input type="checkbox"/> Foster Pet Care for Clients in Crisis |

Is this gift in honor or memory of someone? Yes No

If yes, Name of Honoree: _____

Does your employer match donations to non-profit organizations? Yes No Not Sure

If yes, Employer Name: _____