



National Alliance on Mental Illness

NAMI Howard County

COMMUNITY AMBASSADOR INDIVIDUAL COMMITMENT FORM

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone Number: _____

Fax Number: _____

Email Address: _____

YES, I would like to make a tax-deductible gift to NAMI Howard County

\$250.00 \$500.00 \$750.00 Other Amount (please specify) \$

NAMI HC Fiscal Year is July 1- June 30

I would like to make a multi-year commitment of the following amounts:

Years:	<input type="checkbox"/>	FY2015	\$	<input type="checkbox"/>	FY2016	\$	<input type="checkbox"/>	FY2017	\$
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My gift is anonymous!

My (or my spouse's/partner's) company has a matching gift program.
I/We have attached the form with our contribution.

I/We agree to pay the amount in full by **June 30th of each year** by paying online at <http://namihowardcounty.nameieasysite.com> or sending a check to:

NAMI Howard County
ATTN: Community Ambassador
9151 Rumsey Road, Suite 150
Columbia, MD 21045

Signature _____

Date _____