

YES, I want to invest in Touchstone and the people they serve!

This tax deductible gift is given by: I'd prefer to remain anonymous.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Email: _____

Phone w/ area code: _____

My gift is in honor of: _____

My gift is in memory of: _____

My company will match my gift (company): _____

I WANT THIS GIFT TO SUPPORT:

- Touchstone's Greatest Need
- Ceil Raleigh Endowment Fund
- Cynthia Rigg's Memorial Fund
- Rising Cedar Capital Campaign

I WOULD LIKE MORE INFORMATION ABOUT:

- Planned Giving
- Programs and Services
- Volunteer Opportunities
- Special Events

I WANT TO:

Provide consistent support for adults in need with a monthly contribution of \$ _____. (Donations are processed on the 15th of each month.)

Provide a one-time gift of:
 \$500 \$250 \$100 \$50 Other \$ _____

My gift is made in: Cash Check/money order
Please make checks payable to **Touchstone Mental Health**

Debit my: Visa MasterCard Checking Account
(Please complete information in the box on the right) (Voided check enclosed)

Name on Card: _____

Card #: _____ Exp. Date ____ / ____

Signature: _____

Billing Address if different: _____

I authorize Touchstone Mental Health and Vanco Services, LLC to process debit entries to the account indicated. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Signature: _____ Date: _____

Thank You!

For more information, or to donate online, visit www.touchstonemh.org.

Thank You!

To inspire hope, healing and well-being.

OUR MISSION:

TOUCHSTONE
MENTAL HEALTH



Thank you for making a difference!

*Thank you
for your gift
of postage.*



TOUCHSTONE
MENTAL HEALTH

ATTN: DEVELOPMENT OFFICE
2829 UNIVERSITY AVENUE SE, SUITE 400
MINNEAPOLIS, MN 55414-3230

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