



*Your generous support makes it possible
for us to provide more men, women
and children with the highest
quality treatment and care.*
THANK YOU!

For more information please call (360) 993-3048 or email us at giving@crmhs.org.

Yes! Count me/us as a Friend of Columbia River Mental Health Services

Name _____

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Please accept my gift of \$ _____

Enclosed is my check made payable to CRMHS.

I would like to give \$ _____ monthly.

Please charge my credit card: Visa MasterCard

Card Number _____ Expiration Date _____

Name (as it appears on card) _____

Signature _____

*Suggested donation
amounts include:
\$1000, \$500, \$250,
\$100, \$50, \$25*

My gift is in memory of / in honor of:

Acknowledgement letter is not necessary

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Name _____

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Please send me information on Planned Giving.

I've included CRMHS in my will.

I'm interested in donating stocks or other assets.

You gift may be matched by your employer. Please return matching gift form with your donation.

Thank you for your generous donation!

CRMHS is a private 501(c)3 non-profit agency.



lives
change
here

Development
Columbia River Mental Health Services
P. O. Box 1337
Vancouver, WA 98666-1337

Your first class
stamp is also
a valued
contribution
— thank you!

Mental illness is . . .
more common than cancer, diabetes or heart disease . . . the leading reason for
hospital admissions . . . the leading cause of disability worldwide . . .
a multi-billion dollar burden on our economy

Mental illness affects . . .
one in five families . . . one in five children
. . . one in four women . . . one in ten men

**Mental illness touches all of us
each and every day.**

