



INSTITUTE FOR  
Mental Health Research

## DONOR CONTRIBUTION FORM

### I am pleased to make an investment in mental health research with a gift of:

- \$100  \$250  \$500  \$1,000  Other \$ \_\_\_\_\_
- I would like to make a monthly donation and authorize IMHR to charge me the following amount each month to my credit card \$ \_\_\_\_\_
- Please contact me to discuss my potential gift amount  Please contact me to discuss a planned/estate gift
- Please contact me to discuss a gift of securities  Please contact me to discuss an in-kind contribution
- The gift will be made via my donor advised fund: \_\_\_\_\_
- My contribution will be multiplied through participation in my/my spouse's employer's matching gift program:  
\_\_\_\_\_

### Please direct my donation to a specific area of mental health research:

- Healthcare workers  People with preexisting mental health conditions
- Elderly and people with disabilities  Veterans
- Children & Youth  Other \_\_\_\_\_

### My gift is:

- In Honor of  In Tribute to  In Memory of  Other \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Please send a gift notice to\*: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

*\*amount will not be disclosed*

### I would like to learn more about opportunities to engage with the Institute for Mental Health Research

- Board Membership  Research and Grants
- Funding/Research Partnership  Collaborative Education Opportunities
- Receive IMHR News, Announcements and Updates  Other \_\_\_\_\_

*(Please proceed to next page to complete your contribution)*

### Donor Information: *(please print clearly and legibly so our records of your donation are accurate)*

- Ms.  Miss  Mrs.  Mr.  Other \_\_\_\_\_

Name \_\_\_\_\_ Post-Nominal Initials *(if appropriate)* \_\_\_\_\_

Preferred Address: \_\_\_\_\_  Home  Business

Preferred Phone: \_\_\_\_\_  Home  Business  
Preferred Email: \_\_\_\_\_  Home  Business  
Organization/Business: \_\_\_\_\_ Title: \_\_\_\_\_

Organization Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred name for gift recognition\* \_\_\_\_\_

*\*amount will not be disclosed on contributor list(s) unless approved by donor*

How did you hear about IMHR? \_\_\_\_\_

### Gift Payment:

**Enclosed is my check** payable to the Institute for Mental Health Research  
 **Please charge my gift to my credit card:**  Visa  MasterCard  American Express  
Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV \_\_\_\_\_  
Name on card *(please print legibly)*: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For your convenience, you may make a secure, on-line gift at [www.imhr.org/donate](http://www.imhr.org/donate)**

**Please return this form to  
Institute for Mental Health Research  
PO Box 2602, Scottsdale, AZ 85252  
[operations@imhr.org](mailto:operations@imhr.org) | (480) 712-5077 | [www.imhr.org](http://www.imhr.org)**

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