



**Vital Voices  
for Mental Health**

912 N. Hawley Road  
Milwaukee, WI 53213  
414.771.4368  
fax 414.771.4415

Please count on me to help Vital Voices for Mental Health advocate for the highest quality of care for people struggling with mental illness. **This is my gift/pledge of:**

- \$25
- \$50
- \$100
- Other \$ \_\_\_\_\_

.....  
 Check enclosed (made payable to *Vital Voices for Mental Health*)

**-OR-**

Please accept this pledge. In the next year:

- Bill me quarterly
- Bill me semi-annually

\_\_\_\_\_  
Signature Date

.....  
Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mail to: Vital Voices for Mental Health, 912 N. Hawley Road, Milwaukee, WI 53213  
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