



Your support helps NAMI Fond du Lac provide programs and services that improves the lives of people affected by mental illness.

Please make checks payable to:
NAMI Fond du Lac

Mailing address: **21 E. 2nd Street, Suite 104**
 Fond du Lac, WI 54935

Name _____

Address _____

City, State, Zip _____

Email _____

Phone # _____

I want to be a member and support the mission of NAMI Fond du Lac.

Benefits include memberships in our state and national organizations, our Third Street quarterly newsletter, publications from our state and national organizations, educational courses, discounts on NAMI publications, news about our advocacy efforts, and voting eligibility on NAMI elections. Your support will help us provide programs and services that improve the lives of people living with mental illness. Memberships have annual renewal fees.

Please choose one of the following options for membership:

\$3 Open Door Membership (Low-Income) **\$35 Standard Membership**

Please accept my \$_____ donation in addition to my membership (Donations are tax deductible).

\$10 **\$25** **\$50** **\$100**

THANK YOU FOR YOUR SUPPORT!