



Organizational Partner

NAMI ARIZONA IS DEDICATED TO IMPROVING CARE AND
ELIMINATING STIGMA FOR THOSE LIVING WITH MENTAL ILLNESS.

Organizational Partner fee: \$200

Also, I would like to make a tax-deductible contribution of \$ _____ to further
the goals of NAMI Arizona.

Total: _____

Name: _____

Agency: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

Please return completed form to:

NAMI Arizona
5025 East Washington Street, Ste 112
Phoenix, AZ 85034