

# Foundation for Mental Health Tree of Life LEAF ORDER FORM



Foundation for  
Mental Health

## CONTRIBUTED BY

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

In memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

## METHOD OF PAYMENT

CHECK made out to: Foundation for Mental Health

CREDIT CARD

VISA    MASTER CARD    DISCOVER    AM EXPRESS

NAME (exactly as it appears on card)

\_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address:

\_\_\_\_\_

Mail your completed form with your credit card information or check of \$100 per leaf to:  
Foundation for Mental Health, Attn: Tree of Life, 1316 Somerville Road, SE, Ste. 1, Decatur, AL  
35601. This form can also be faxed to (256) 355-6092 or emailed to [Foundation@mhcna.org](mailto:Foundation@mhcna.org)

## CARD OF RECOGNITION

A Card of Recognition acknowledging your gift can be sent to the honoree, family of the deceased, or other relevant parties. Please specify those you wish notified. If necessary, additional addresses may be written on this form.



*Tree of Life*

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Zip \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Zip \_\_\_\_\_

## TREE OF LIFE LEAF INSCRIPTION

Tell us the message to put on your leaf. Please print clearly.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Example: In memory/ honor of John T. Smith  
By Jane and Jack Smith*

If you have questions about purchasing a Leaf for the Foundation's Tree of Life, please call a development officer at (256) 260-7324 or email [Foundation@mhcna.org](mailto:Foundation@mhcna.org).