



Foundation for  
Mental Health

# Foundation for Mental Health Tree of Life LEAF ORDER FORM

## 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:

\_\_\_\_\_

Order online at: <https://mhcna.org/2017/12/15/tol/>

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. You can also purchase a Tree of Life leaf by visiting the [www.mhcna.org](http://www.mhcna.org) and selecting the 'Donate Now' button. Simply state it is for a Tree of Life leaf in the 'Additional Information' section at the bottom.

## CARD OF RECOGNITION

Acknowledgement of your gift can be sent to the honoree, family of the deceased, or other relevant parties. Please specify those you wish to be notified below.



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.

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



Questions about purchasing a Tree of Life leaf? Please call a development officer at (256) 260-7325 or send an email to [Foundation@mhcna.org](mailto:Foundation@mhcna.org).