



Northeast Iowa Behavioral Health, Inc.

a dba of Northeast Iowa Mental Health Center

Promoting Recovery and Quality of Life

PRINT & SEND DONATION FORM

Please mail your tax-deductible donation with this form to:
Northeast Iowa Mental Health Center
Attn: Donation/Gift Department
905 Montgomery St
PO Box 349
Decorah, IA 52101

Donor Name:

Title: _____ First Name: _____ Last Name: _____

Donor Address/Information:

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (_____) _____ - _____ Email: _____

Please check box if you wish to remain anonymous.

Donation Amount: _____

- Cash
- Checks (Made payable to NEIBH Check # _____)
- Credit Card (Please complete the information below)

Card Type: Discover MasterCard Visa

Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Signature: _____

Honor/Memorial Gifts

If this gift is in honor or memory of someone please include their name below.

Title: _____ First Name: _____ Last Name: _____

If you would like NEIBH to notify someone regarding this memorial gift, please include the name and address of that person below.

Name: _____

Address: _____

City, State, Zip Code _____