



Donation Form

Tax ID: 20-0587172

Donor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

At this time, I would *not* like to be added to the email list to read about the success of Active Minds.

Please Provide the Amount and Duration of Your Donation:

I would like to make a gift of \$_____ to Active Minds.

One-time only donation I **pledge** to make this a monthly donation

Select Your Method of Donating

Donations to Active Minds are tax-deductible as allowed by law.

Cash Check (make payable to Active Minds, Inc.) Credit Card (Please visit www.myactiveminds.org)

This Donation is in Support of:

Active Minds at _____

Participant Name (*optional*): _____

Additional acknowledgement of this gift should be sent to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please complete this form and mail with payment to:

Active Minds
2001 S Street, NW, Suite 630
Washington, D.C. 20009

Your tax-deductible donation to Active Minds, Inc. will fund mental health education and resources for students across the U.S. and Canada.