Open a door...Once opened to you...

Join **Pledge Direct** Today!

You may discontinue your membership in *Pledge Direct* at any time simply by letting us know.

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Central Virginians appreciate the convenience of Pledge Direct

There are no checks to write out, no envelopes, no stamps, it’s easy to join; a convenient end of year record is sent to pledge direct members from NAMI Central Virginia for tax purposes; and the pledge is drawn directly from your account so you know it comes in on time, when it’s needed.

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The National Alliance on Mental Illness of Central Virginia (NAMI Central Virginia)

Post Office Box:
PO Box 18086
Richmond, VA 23226-8086

Physical Location:
1904 Byrd Avenue, Suite 207
Richmond, VA 23230

Phone: 804-285-1749
Fax: 804-285-0069
E-mail: info@namicentralvirginia.org
Website: www.namicentralvirginia.org

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Mission: NAMI Central Virginia is dedicated to improving the lives of Central Virginians living with mental illness and their families through education, support, advocacy, resources, social events and anti-stigma campaigns.
What is Pledge Direct?

Pledge Direct is a safe and easy way to send your gift to NAMI Central Virginia automatically each month. Your financial institution electronically transfers the amount you choose to NAMI Central Virginia from your checking or credit card account. All the work is done for you!

Pledge Direct maximizes the power of your gift; saving NAMI Central Virginia time and processing costs.

By enrolling in Pledge Direct now, you can start helping people living with a mental illness and their families. As a Pledge Direct partner you will make a difference in the lives of those who need it most.

To sign up for Pledge Direct, simply complete the enclosed Pledge Direct Enrollment Form and mail it to NAMI Central Virginia, 1904 Byrd Avenue, Suite 207, Richmond, VA 23230.

SIGN UP FOR PLEDGE DIRECT

(Pledge Direct Enrollment Form)

Please Print
Name __________________________________________________________
Address ________________________________________________________
City __________________ State ___________ Zip ________________
Email ____________________________________________ Phone __________

CHOOSE A MONTHLY GIVING OPTION (check one)

☐ Checking Account

I hereby authorize The National Alliance on Mental Illness of Central Virginia (NAMI Central Virginia) to initiate debit entries to (withdrawals from) my account at the financial institution named below, for my monthly gift of $______________.

Please use this guide to locate the required information on your check:

| Name of financial institution: |
|______________________________|
| Financial institution’s routing number: |
|______________________________|
| My account number: |
|______________________________|
| I would like my monthly gift withdrawn on the __________ (2nd through 29th) of each month. |
| As required for checking accounts, I am enclosing a voided check. |

☐ Credit/Debit Card

I hereby authorize the National Alliance on Mental Illness of Central Virginia (NAMI Central Virginia) to charge my account named below, for my monthly gift of $______________.

Please Select:

☐ Visa (credit card or Visa-branded debit card)

☐ MasterCard (credit card or MasterCard-branded debit card)

☐ American Express

I would like my monthly gift charged to my account on the __________ (2nd through 29th) of each month.

Name: ____________________________________________ (Print as appears on card)

Debit/Credit Card Number: ____________________________

Expiration Date _______/__________ (mm/yyyy)

SIGN AND DATE THIS FORM

I understand that this authorization to debit or charge my account for my monthly gift amount will remain in effect until I notify NAMI Central Virginia in writing or by phone that I wish to end this agreement, allowing NAMI Central Virginia reasonable time to act on it, or until NAMI Central Virginia has sent me 10-days written notice that they wish to end this agreement. For checking or credit card notification: NAMI Central Virginia, Attn: Treasurer, 1904 Byrd Avenue, Suite 207, Richmond, VA 23230; 804-285-1749. Thank you!

Signature: ____________________________________________ Date Signed: ____________________

NAMI-CVA is a 501c3 non-profit organization; FEIN #52-1206413.
All required disclosure forms are available upon request from the NAMI Central Virginia office.