

YES! I want to help reverse the stigma of mental illness, transform lives and create a stronger community.

Your Name _____

Your Address _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Your email address will not be shared, sold or given to any organization, company or individual.

OPPORTUNITIES FOR GIVING *(please indicate amount you are giving):*

Hope Society: \$1,000 + _____

Strength Society: \$500 - \$999 _____

Independence Society: \$250 - \$499 _____

Opportunity Society: \$100 - \$249 _____

Bridgeway Mission Society: \$1 - \$99 _____



Enclosed is my **check made payable to BRIDGEWAY.**

Please bill my **credit card**

Credit card type AMEX MC Visa Discover

_____ Expiration date ____/____/____ Security code _____

Account Name *(exactly as it appears on your card):* _____

If **stock**, please contact Katherine Smith, 908-355-7886, for instructions.

My company will match my gift. I have enclosed the **matching gift** form.

Please make my gift a **memorial** or **honorary tribute**:

In memory of: _____

In honor of: _____ Occasion: _____

Please send notification of this tribute to:

Name _____ Address _____

City _____ State _____ Zip _____

P.S. While you may participate in Bridgeway's Annual Appeal at any time through June 30, 2010, contributions received before December 31, 2009 will be deductible for this tax year.

THANK YOU FOR YOUR TAX DEDUCTIBLE CONTRIBUTION! Bridgeway is a non-profit 501(c)3 organization. Your donation is tax deductible to the fullest extent allowable by law.

For official registration and financial information, please contact the State of New Jersey, Division of Consumer Affairs, Charitable Registration & Investigation Section at <http://www.state.nj.us/lps/ca/charity/chardir.htm> or Charities Hotline at (973) 504-6215

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