



# CIBHS Mail-in Donation Form

*Advancing A Just Behavioral Health System for All.*

Please fill out the form below. Enclose your check, along with the form, and mail to the address on the right.

**Attention:** Crystal Flexman, VP of Business Development and Communications

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Sacramento, CA 95833  
(916) 556-3480  
[www.cibhs.org](http://www.cibhs.org)

## Gift Information

Enclosed Gift: \$

*Your contribution of \$500 or more may be paid in installments over several months. We also encourage annual and quarterly pledges.*

Pledged Gift: \$

If paid in installments, enter number of installments:

Select your installment timeline:

monthly  yearly  quarterly

Please indicate if you prefer your contribution be used for:

General Fund  Community Connections

Trainings  New Programs

## Donor Information

Please print the following information.

Full Name:

Billing Address:

Phone:

Email:

*By providing your email address, you consent to receive electronic communications from CIBHS, including our e-newsletter and program updates. You may unsubscribe at any time.*

I wish to remain anonymous on any/all external materials.

### We greatly appreciate your support!

For more information about CIBHS and our programs, or to make a credit card contribution, visit our website at [CIBHS.org](http://CIBHS.org).

*The California Institute for Behavioral Health Solutions is a nonprofit 501(c)(3) organization. No goods or services were provided in exchange for this contribution. All contributions are tax-deductible to the extent allowable by law. The CIBHS EIN: 68-0314970.*

