



National Alliance on Mental Illness

# NAMI | Howard County

## COMMUNITY AMBASSADOR COMMITMENT FORM

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

*NAMI HC Fiscal Year is July 1- June 30*

Yes, I would like to make a tax-deductible gift to  
NAMI Howard County in the amount of \$ \_\_\_\_\_

- \$1,000 - Corporate Friend**
- \$2,500 - Corporate Supporter**
- \$5,000 - Corporate Champion**

### Pledge Commitment

My organization \_\_\_\_\_ agrees to support  
NAMI HC as Community Ambassador at the dollar amount of \$ \_\_\_\_\_

My gift is anonymous!

Please list our Organization name as noted above.

We agree to pay the amount in full by **June 30<sup>th</sup>** by paying online at  
<http://namihowardcounty.nameieasysite.com> or sending a check to:

NAMI Howard County  
**ATTN: Community Ambassador**  
9151 Rumsey Road, Suite 150  
Columbia, MD 21045

Signature \_\_\_\_\_ Date \_\_\_\_\_