



Support Mental Health and Recovery: Volunteer to Pass Our November 8th Renewal Levy

My name: _____ Phone: _____ E-mail: _____

Mailing Address _____

You may include my name/organization in a public listing of levy supporters

Print your name as it would appear: _____

Your signature: _____

A yardsign can be placed at my home/business. Address:

I know a good speaking/appearance opportunity:

I know some email/Facebook addresses that should receive campaign information:

I will make a financial contribution to support the campaign: [] \$5 [] \$10 [] \$25 [] other _____

Mail checks to: Citizens for Mental Health and Recovery
Roger Van Sickle, Treasurer
461 Curve Road,
Delaware, Ohio 43015

I can help give out information at my school/neighborhood/social organization/business:

Here is another way I can help or some more information for you to use:

You may return this information to Levy@SupportMentalHealthandRecovery.com

Thank you for helping our community through this levy campaign!