



Aurora Society

There are many faces to mental illness. It affects people of all ages and in all walks of life. **The Aurora Society** is a special group of donors who support the work of Anchorage Community Mental Health Services through their generous contributions. Gifts such as these enable ACMHS to reach out to those coping with mental illness, provide help to children in need of a better start, bring families together, empower adults and ease the aging process for those suffering with age-related dementia and Alzheimer's. These contributions help us weave ribbons of light in the lives of those in need.

Membership Levels

Cornerstone Member

Cornerstone members are contributors during the first year of the ACMHS funding campaign.

Leader	\$2,500+
Sponsor	\$1,000 - \$2,499
Provider	\$500 - \$999
Member	\$250 - \$499
Contributor	\$100 - \$249

Your contribution to ACMHS is tax deductible as allowed by law.

I/We wish to participate in making a difference in the lives of those coping with mental illness. My/our program designation is listed on the back.

Enclosed is my/our contribution of \$ _____ made payable to ACMHS. Or I/We will make a pledge to ACMHS in the amount of \$ _____ to be paid in full by June 30, 2006. Please bill me Monthly Quarterly

Donor Name(s) (as you wish to be listed in all publications): _____

Address _____

Phone _____ (day) _____ (evening) Email _____

Payment by credit card: Visa Master Card Card # _____ Exp. Date _____

Signature _____

Gifts may be made in memory of OR in honor of _____

Acknowledgement to: Name/Address: _____

I have included ACMHS in my estate planning.

Please mail your donation to:

**Anchorage Community Mental Health Services
Community Relations Department
4020 Folker St.
Anchorage, Alaska 99508**

Donor Designation Form

Thank you for considering making a gift to Anchorage Community Mental Health Services. Please designate your gift as you wish. If you have no preference your contribution will go for on-going support to help us continue to provide services to those adults suffering with severe mental illness, children with severe emotional disturbance and seniors with Alzheimer's Disease and related dementia.

Please apply my/our contribution in the amount of \$_____ to the following program(s) of Anchorage Community Mental Health Services.

Family Services

ACMHS offers a wide variety of family services focused on child and adolescent mental health needs including:

- Crisis intervention
- Psychiatric assessment and treatment
- School and home based services
- Specialized trauma services

Adult Services

ACMHS provides outpatient services for adults with severe mental illness including:

- Crisis intervention
- Psychiatric assessment and treatment
- Rehabilitation services
- Homeless outreach services
- Housing
- Job training
- Drug & alcohol treatment

Senior Services

ACMHS provides senior adult day care at our Day Break facility including:

- Psychiatric assessment and treatment
- Caregiver support and education
- Caregiver information and referrals

Emergency Services — 24-hour psychiatric emergency services

COMPEER Program — Companion services Interested in volunteering

VTEC — Vocational training & Employment connection

Holiday support for Consumers and their families

Pro Bono Program

I would like my/our contribution to go for ongoing support

Anchorage Community



Mental Health
Services, Inc.