



1342 Dewey Court, Madison, WI 53703 (608) 256-3102

## *Donation Form*

*Thank you very much for the support you provide to Chrysalis. Your donation will greatly help us fulfill our mission to provide individualized vocational and work-related services to persons in our community who have mental illnesses. We are always working to improve our program and your generosity makes that possible.*

*Name:* \_\_\_\_\_

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

\_\_\_\_\_

*Phone:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*Would you like to be added to our mailing list?* \_\_\_\_\_

*My donation is in the amount of* \_\_\_\_\_

*My donation is a general agency donation*

*My donation is to be specified for the following purpose:* \_\_\_\_\_

\_\_\_\_\_

*Please make checks out to Chrysalis, Inc.*

*Mail to: 1342 Dewey Court. Madison, WI 53703*

*Thank you very much!*