



YES,

**I WOULD LIKE TO SUPPORT HILLVIEW MENTAL HEALTH CENTER, INC.
HELP EAST SAN FERNANDO VALLEY RESIDENTS
SUFFERING FROM MENTAL ILLNESS
REGAIN THEIR HEALTH AND LEAD MORE PRODUCTIVE LIVES.**

**HILLVIEW
MENTAL
HEALTH
CENTER
INC.**

**I WANT TO MAKE A TAX-DEDUCTIBLE CONTRIBUTION OF
 \$25 \$50 \$100 \$250 \$1,000 \$5,000 \$ _____ OTHER**

ENCLOSED A CHECK PAYABLE TO "HILLVIEW MENTAL HEALTH CENTER, INC."

**MAIL TO:
DEVELOPMENT OFFICE
HILLVIEW MENTAL HEALTH CENTER, INC.
12450 VAN NUYS BLVD., SUITE 200
PACOIMA, CA 91331**

NAME _____ DAY PHONE NUMBER _____

ADDRESS _____ STATE _____ ZIP _____

EMAIL ADDRESS _____

**I WANT TO BUY A TILE IN THE CARL C. McCRAVEN TREATMENT
CENTER FOR \$400.**

***DONATION IN HONOR OF* _____**

BIRTHDAY

ANNIVERSARY

GET WELL

THINKING OF YOU

OTHER _____

DONATION IN MEMORY OF

NAME _____ ADDRESS _____