

## The Milwaukee Mental Health Task Force is the voice of the community on issues related to the quality and responsiveness of mental health and substance abuse services.

## Milwaukee Mental Health Task Force Annual Membership Form

Name:		
Organization:		
Phone:	Fax:	E-mail:
Mailing Address:		
	Milwaukee Mental Health orm on the back of this page	Task Force Directory, please complete the e.
Amount: \$Please see suggested amounts below		
Organizations with bu	idgets of:	
□ \$5,000 - \$300,000 – pay \$100 annual membership		
□ \$301,000 - \$750,000 – pay \$250 annual membership		
□ Above \$750,000 – pay \$500 annual membership		
$\square$ We encourage any organization that can pay a \$1000 annual membership to do so.		
Community member	rs are also warmly invited t	o join:
☐ Community member -active in the task force. All contributions gratefully accepted.		
☐ Community supporter - not active with the task force but supportive of its efforts. All contributions are gratefully accepted.		
Make check payable to Milwaukee Mental Health Task Force. Note: DRW serves as fiscal agent for the Milwaukee Mental Health Task Force.		
Thank you for your support!		

## Mail with your check payable to Milwaukee Mental Health Task Force to:

Milwaukee Mental Health Task Force c/o Disability Rights Wisconsin 6737 W. Washington Suite 3230 Milwaukee, WI 53214

Questions? Contact Barbara Beckert at Barbara.beckert@drwi.org or 414-773-4646 ext 2724