**Milwaukee Mental Health Task Force**

**Annual Membership Form**

**Name:**

**Organization:**

**Phone:**       **Fax:**       **Email:**

**Mailing Address:**

*Note: To be added to the Milwaukee Mental Health Task Force Directory, please complete the attached Directory Information form.*

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**Payment requested by:** August 30, 2021

**Amount:** $       *Please see suggested amounts below.*

**Organization with budgets of:**

$5,000 - $300,000 – pay $100 annual membership

$301,000 - $750,000 – pay $250 annual membership

Above $750,000 – pay $500 annual membership

We encourage any organization that can pay a $1000 annual membership to do so.

**Community members are also warmly invited to join:**

*Community member* – active in 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!***

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

Disability Rights Wisconsin

Re: Milwaukee Mental Health Task Force

1502 West Broadway, Suite 201

Madison, WI 53713

**Questions?** Contact Barbara Beckert at [barbara.beckert@drwi.org](mailto:barbara.beckert@drwi.org) or 414-292-2724.