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Your contribution will be acknowledged in MHAS publications. If you prefer not to have your name listed, please check here .

**Return this completed form with your check or credit card information to:**

**Mental Health Advocacy Services, Inc.  
3255 Wilshire Blvd., Suite 902  
Los Angeles, CA 90010  
Fax 213-389-2595**

***Thank You for Your Gift!***

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