



Mental Health Association

in Orange County, Inc.

NADIA ALLEN, EXECUTIVE DIRECTOR

Letter of Acceptance for Gift Card/Check

Date _____

ATM ____ ASF ____ CAPIS ____ Evie Klingner Fund ____

I, _____ (please print) have received fiscal assistance from Mental Health Association in Orange County, Inc. Developmental Disabilities Family Support Programs in the amount of \$_____ for _____ (applicant).

For Checks:

Made out to _____

For Gift Cards:

Type of Gift Card: _____

For the purpose of:

Name _____

Signature _____

Please ensure this letter is returned as soon as possible to the Developmental Disabilities Family Support Program; a return envelope is enclosed for your convenience.

For Gift Card Received:

By signing this letter, you acknowledge that you have received the assistance you requested from your recent application and have attached receipts to verify the assistance was used as intended. Please know that continued assistance will not be provided in the future if verification is not received by this office along with this letter.

THANK YOU!

73 James P. Kelly Way * Middletown, NEW YORK 10940 * (845) 342-2400 * FAX (845) 343-9665

www.mhaorangenyc.com *e-mail: mha@mhaorangenyc.com

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