



**Mental Illness Awareness Week
Donation Form**

Every person's mental health is important. One out of every five individuals are affected by mental illness, either their own mental illness or a family member's. Mental illness is a serious emotional disturbance or a variety of biological brain disorders that severely disrupts one's ability to function at home, in school, or in the community. Mental Illness Awareness Week (MIAW) is designed to promote awareness and to provide information regarding mental health issues. The Mental Illness Awareness Coalition of East Tennessee, a coalition of sixteen agencies*, presents a week of events each year to assist in promoting awareness of mental illness.

As part of the MIAW, we are hosting a celebration at the **Market Square Mall on Friday October 12th 12PM-4PM**. During our celebration, we have planned a variety of fun and entertaining activities such as **music, games, food, and door prizes for the public** geared to raise awareness and celebrate diversity. We need your help to make this a success. We would appreciate the donation of any item(s) listed below.

*Mental Illness Awareness Coalition of East Tennessee: Blount Memorial Hospital, Child and Family Tennessee, Comprehensive Community Care, Friends of Lakeshore Inc. (FOLI), Mental Health Association of East Tennessee, Helen Ross McNabb Center, Knoxville Coalition for the Homeless, Lakeshore Mental Health Institute, National Alliance for the Mentally Ill – Knoxville, Loudon County, and Maryville, Peninsula Behavioral Health, Ridgeview, Tennessee Mental Health Consumers Association, The University of Tennessee College of Education, Health and Human Sciences, Department of Mental Health & Developmental Disabilities, and St. Mary's Health System.

Company: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____

**Thank you
for your
support!**

Please indicate any items that you are able to donate.

- | | |
|--|---------------------------------|
| _____ Prizes for raffle drawings | _____ Other items, please list: |
| _____ Unopened "happy meal" type toys | _____ |
| _____ Polaroid 600 Film | _____ |
| _____ Food (ie individually wrapped snack items,
sodas, bread, hot dogs, candy, etc.) | _____ |
| _____ Monetary donation | |

(We are 501c3 EIN #62-1282473)

Please Check One:

- We will deliver the items to HRMC, 526 Lamar Street; Knoxville, TN 37917 by September 28, 2007.
- Please pick up items on or after ___/___/___ at _____

PLEASE RETURN THIS FORM ASAP (FAX # 865 546-0072)