

LOCAL INVOLVEMENT

National Children's Mental Health Awareness Day 2014 Grantee/Affiliate Pledge Form

ORGANIZATION

GRANT PROGRAM (IF DIFFERENT FROM ORGANIZATION)

PROJECT DIRECTOR

AWARENESS DAY COORDINATOR AND/OR SOCIAL MARKETER

PHONE

EMAIL

MAILING ADDRESS

TYPE OF ORGANIZATION

- SAMHSA-Funded Grantee Other Federally Funded Grantee For-Profit Organization Affiliate
 Non-Profit Organization Affiliate Mental Health Program Substance Use Program

OUR COMMUNITY IS INTERESTED IN CONDUCTING AND/OR PARTICIPATING IN THE FOLLOWING AWARENESS DAY ACTIVITIES AND/OR EVENTS:

- Art Activity School-Based Event Community Conversation
 Partnership-Driven Event Social Media Outreach Other

Do you plan to use the national launch event Webcast/KSOC-TV Webisode in your event? If so, how?

Please briefly describe your plans for your Awareness Day event:

PLEASE RETURN THIS FORM TO

Caring for Every Child's Mental Health Campaign
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