Support Workplace Mental Health for only $5!

VPPPA is teaming up with the National Alliance on Mental Illness (NAMI) to raise awareness about mental health and the resources that are available to those in need. The Winter issue of VPPPA’s award-winning magazine, the Leader, will focus on mental health in the workplace, shining a spotlight on a topic that affects every worker, everywhere.

We are making this issue available for purchase on its own, at a special rate of $5. All proceeds will be matched by VPPPA, up to $5,000, and donated to NAMI.

Copies will be distributed in February 2020.

Contribution Options (Check all that apply):

_____ Single Copy: I would like to purchase one copy of the Winter 2020 issue of the Leader for $5.

_____ Subscription: I would like to purchase an annual subscription to the Leader for $25. From this amount, $5 will be matched by VPPPA and donated to NAMI. The subscription includes four issues of the magazine.

_____ Multiple Copies: I would like to purchase _______ copies of the Winter 2020 issue the Leader for my worksite or other group that would benefit from this information. Each copy is $5 and will be matched by VPPPA and donated to NAMI.

_____ Monetary Donation: I would like to provide a monetary contribution of $________________ to be matched by VPPPA and delivered to NAMI. I do not require additional copies of the Leader, other than those indicated above, if any.

Total Contribution: $________________

See Page 2 for payment and shipping details

Please return forms either by email, fax or mail.

VPPPA, Inc.
Attn: Leader Subscriptions
7600 Leesburg Pike, East Building, Suite 100 / Falls Church, VA 22043
communications@vpppa.org / Phone: (703) 761-1146 /Fax: (703)761-1148

For bulk orders or gift subscriptions, please contact communications@vpppa.org.
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<tr>
<th>Name</th>
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<th>Job Title</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City/State/Zip</th>
<th>Email Address</th>
</tr>
</thead>
</table>

#### Billing Address (if different than ship to address)

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<th>Company/Organization</th>
<th>Job Title</th>
<th>Address 1</th>
<th>Address 2</th>
<th>City/State/Zip</th>
<th>Email Address</th>
</tr>
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</table>

#### Payment Information

(Make checks payable to **VPPPA, Inc.**)

Check Number: _____________  Credit Card Number: ____________________________

Expiration Date: ___________  CVV Code: _______

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