

*We are asking all participating children's mental health initiatives to fill out the following pledge form so that we can gauge participation and report on the level of activities to national and local audiences.*

## National Children's Mental Health Awareness Day PLEDGE FORM

We, \_\_\_\_\_ from  
(names of signatories)  
\_\_\_\_\_, pledge to hold  
(name of program)

a community outreach event on NATIONAL CHILDREN'S MENTAL HEALTH AWARENESS DAY that upholds the following National Children's Mental Health Awareness Day goals:

- to raise awareness of effective programs for children's mental health needs;
- to demonstrate how children's mental health initiatives promote positive youth development, recovery, and resilience; and
- to show how children with mental health needs thrive in their communities.

The goal for our local National Children's Mental Health Awareness Day event will be:

Our partners will include:

Our primary audience(s) will include:

We will undertake the following activities in support of National Children's Mental Health Awareness Day:

We will evaluate our efforts by:

Authorized Signatures

Organization

Date

*Please complete and return this form to:*

Caring for Every Child's Mental Health Campaign Team  
2121 K Street, NW, Suite 300  
Washington, DC 20037  
Phone: (202) 331-4323 • Fax: (202) 331-9420