

DONATION FORM

I would like to make mental health matter by supporting CMHA, Ontario's efforts to improve the lives of people with a mental illness.

Donor Contact Information (For charitable tax receipt)

Name: Miss/Mrs./Ms./Mr. _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone (H): _____ (B): _____ x. _____

E-mail: _____

I would like to donate:

\$250 \$100 \$50 \$25 \$10 Other Amount: \$ _____

Method of payment:

- Money Order
 Cheque (Please make payable to Canadian Mental Health Association, Ontario)
 Credit Card VISA MasterCard American Express

Credit card number: Expiration Date:

Name as it appears on card: _____

Cardholder's signature: _____

In appreciation of your donation of \$100 or more, we look forward to recognizing your valued support on our annual list of donors. I do want my name recognized.

**Please mail or fax this form to Canadian Mental Health Association, Ontario
c/o Susan Macartney, Database Administrator
180 Dundas Street West, Suite 2301, Toronto, Ontario M5G 1Z8
Thank you for your generosity!**

Tax receipts will be issued for donations of \$10 or more unless otherwise requested.