CANADIAN MENTAL HEALTH ASSOCIATION
ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

Canadian Mental Health Association, ONTARIO

IN TRIBUTE/IN MEMORIAM DONATION FORM

I would like to make mental health matter by supporting CMHA, Ontario.

Donor Contact Information **(required for charitable tax receipt)**

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

_____
Name

_____
Mail Address

_____
City, Province, Postal Code

(H):_____(B):_____
Telephone

_____
E-mail

Donation amount:_____

Method of Payment:

❑ VISA ❑ Mastercard ❑ AMEX ❑ Cheque

Credit card no. |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Expiration Date: |_|_|_|_|

Name as it appears on card: _____

Cardholder's signature: _____

I would like to make this donation:

❑ In memory of ❑ In honour of ❑ In celebration of ❑ In recognition of ❑ As a gift for

_____
(name you would like on card)

Please send acknowledgement card to:

_____
Name

_____
Address

_____
City, Province, Postal Code

From:_____
(example: "Frank Smith" or "The Smith Family")

Special Message on card (optional):_____

_____
(50 words or less)

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, ON M5G 1Z8

Thank you for your generosity!

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