



Donation Form

Please accept my donation of \$10 \$20 \$30 \$50 \$100 Other _____

One time Monthly (credit card required for monthly donations)

My Information:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

My gift is being made in memory of: _____

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

My **cheque** payable to CMHA Halton Region Branch is enclosed I will pay by **credit card**

Name of Card Holder: _____

Card Number: _____ Expiry Date: _____

Please mail me a charitable **tax receipt** (for donations over \$10)

I give CMHA Halton Region Branch permission to contact me by e-mail.

I give CMHA Halton Region Branch permission to contact me by post mail.

Thank you for showing that you care about mental health and addictions and for helping change lives in our community.