



**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)

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