



Canadian Mental  
Health Association  
Halton Region Branch  
*Mental health for all*

Association canadienne  
pour la santé mentale  
Filiale de la région de Halton  
*La santé mentale pour tous*

Halton Region Branch  
Donor Form

**I support the goals and mission of Canadian Mental Health Association-Halton Region Branch.  
Please accept my donation of:**

\$10     \$25     \$50     \$100     Other: \_\_\_\_\_

My gift is being made in memory of: \_\_\_\_\_

**Please send an acknowledgement card to:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Donor's Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please find my cheque(s) enclosed, payable to:**

Canadian Mental Health Association- Halton Region Branch

**I'd like to pay by VISA or Mastercard:**

Please print the form and fax it directly to us at 905-693-9183 or mail it to CMHA Halton to avoid any potential problem.

Name of Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_ Card No. Expiry Date: \_\_\_\_\_

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