

PDF Form for printing and mailing in

Personal Information

Name:

Address:

City:

Province:

Postal Code

Telephone:

E-mail:

Option 1 – Monthly Donation

Yes I want to join the *Recovery Net* by making a monthly donation

I authorize CMHA/Peel branch to withdraw the following amount from my bank account or my credit card on the 15th of every month. I may change the amount or cancel my monthly contribution at any time by notifying CMHA/Peel Branch.

\$5

\$10

\$15

\$25

Other \$

I have enclosed a cheque, marked void, for CMHA/Peel to arrange an automatic withdrawal from my bank account

prefer to make my monthly donation by credit card

Visa

Mastercard

Card #:

Expiry:

Signature:

Option 2 – One-time donation

I prefer to make a one-time donation of

\$35

\$60

\$100

\$250

Other \$

I want to make my gift by cheque or money order (payable to Canadian Mental Health Association/Peel Branch)

prefer to use my credit card

Visa

Mastercard

Card #:

Expiry:

Signature:

You may send your contribution by fax to 905-451-1720

Or you can mail it to: 5-250 Clarence Street,
Brampton, ON L6W 1T4

If you have any questions, please call us at 905-451-1718, or e-mail us at donorrelations@cmhapeel.ca

We'll issue a tax receipt for donations of \$10 or more.

Our charitable number is 12977 8882 RR0001