CANADIAN MENTAL HEALTH ASSOCIATION
L'ASSOCIATION CANADIENNE POUR LA SANTÉ MENTALE

Canadian Mental Health Association,
Fort Frances Branch

IN TRIBUTE/IN MEMORIAM DONATION FORM

I would like to make mental health matter by supporting CMHA, Fort Frances

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: _____

Cardholders's signature: _____

I would like to make this donation:

☐ In Memory ☐ 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, Fort Frances Branch
P.O. Box 446, Fort Frances, ON P9A 3M8
Fax: 807-274-2473

Thank you for your generosity!
Tax receipts will be issued for donations of $10 or more unless otherwise requested.