



# donation form

## I would like to support CMHA by making a:

- Personal Donation     Corporate Donation

### Donation of:

- Monthly\* gift of:  
 \$10    \$20    \$30    \$50    \$100    Other \$\_\_\_\_\_
- Make my donation on the:  1st or  15th of each month
- One-time donation of:  
 \$50    \$100    \$250    \$500    Other \$\_\_\_\_\_

### I would like my contribution to go to:

- Where the needs are the greatest  
 CMHA BC Division Endowment Fund  
 Dr. Jean Moore Endowment Fund  
 Dr. Nancy Hall Endowment Fund  
 Lorne Fraser Educational Fund  
 Blue Wave youth program

Mr.    Ms.    Mrs.    Miss    Dr. First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### I would like to pay by:

- Cheque payable to Canadian Mental Health Association, BC Division
- VISA                      Card no: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Expiry date: \_\_\_\_\_ / \_\_\_\_\_
- MasterCard              Signature: \_\_\_\_\_    3-digit security code (CVC) \_\_\_\_\_

- Please do not list me as a donor in CMHA Annual Reports or donor recognition projects
- Please send me CMHA's free monthly email newsletter, Mind Matters
- I would like to learn more about becoming a member of CMHA
- I would like to learn more about volunteer opportunities at CMHA
- I would like to learn about including CMHA in my will

**Please feel secure.** We only use your personal information to provide services and to keep you informed and up to date on the activities of CMHA including programs, services, special events, funding needs, opportunities to volunteer or to give, and more through periodic contacts. If at any time you wish to be removed from any of these contacts simply contact us by phone at 1-800-555-8222 or at info@cmha.bc.ca.

**We do not trade or sell our donor lists.**

Tax receipts will be issued for donations of \$20 or more unless otherwise requested.

\* For monthly donations by cheque, please send a cheque marked "void" and this completed card by mail. Your charitable receipt will include all monthly donations made, to Dec. 31<sup>st</sup> for each calendar year. You can increase, decrease, cancel or restart your monthly donation at any time by notifying us at 1-800-555-8222.

## Thank you!

Please send your completed form to our office at the address below:

Canadian Mental Health Association,  
 BC Division  
 905 – 1130 W Pender Street  
 Vancouver, BC V6E 4A4

Tel: 604-688-3234  
 or 1-800-555-8222 (toll free in BC)  
 Fax: 604-688-3236  
 Email: info@cmha.bc.ca

Charitable Registration  
 No. 88844 1995 RR 0001

**www.cmha.bc.ca**