

IN TRIBUTE/IN MEMORIAM DONATION FORM

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

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Donor Contact Information (required for charitable tax receipt)	
Title: Miss/Mrs./Ms./Mr	Donation amount:
E-mail	Method of Payment: VISA Mastercard AMEX Cheque Credit Card No. _ _ _ _ _ CSV Number appears on card: Iders'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:	T.
Name	From: (example: "Frank Smith" or "The Smith Family")
Address	
City, Province, Postal Code 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.	

414 Scott Street, Fort Frances, ON P9A 3M8 – TEL: 807-274-2347 – FAX: 807-274-2473
For bequests, our legal name is **CANADIAN MENTAL HEALTH ASSOCIATION, FORT FRANCES BRANCH**Charitable registration number: 106863681 RR001