



**Canadian Mental  
Health Association**  
Hamilton  
*Mental health for all*

**Association canadienne  
pour la santé mentale**  
Hamilton  
*La santé mentale pour*

131 John Street South  
Hamilton, Ontario L8N 2C3  
ph: (905) 521-0090  
fax: (905) 521-0211  
www.cmhahamilton.ca

### Donor Information

Mr.  Mrs.  Ms.  Other: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

### Tribute Information (If making a tribute gift, please complete this section)

In Memory of: \_\_\_\_\_

In Honour of: \_\_\_\_\_

Honour Reason: \_\_\_\_\_

Please send acknowledgement of the donation to:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### I would like to make a gift of:

\$20  \$30  \$50  \$100  Other: \_\_\_\_\_

Gift type:  cheque enclosed payable to CMHA Hamilton  Credit Card (*provided below*)

### Credit Card Information Visa MasterCard

Name on Credit Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you from everyone at the Canadian Mental Health Association, Hamilton Branch**  
Charitable Registration 126583855 RR0001