



Toronto Branch

I wish to make a donation to CMHA Toronto in the amount of:

\$ 25 \$50 \$100 \$_____

I would like my donation to go to:

- General Fund
- Holiday Gift Program
- Green Fischer Fund
- Cameron-Lurie Bursary Fund
- Reaching for the Stars Business Subsidy Fund

Name: _____

Address: _____

City: _____

Province: _____ Postal Code: _____

Payment Information:

Cheque (payable to CMHA Toronto)

Credit Card: Visa MasterCard AMEX

Card Number: _____

Expiry Date: _____

Name on Card: _____

Signature: _____

I would like to receive information on Planned Giving

Mail or fax this completed form to:

**The Canadian Mental Health Association – Toronto Branch
700 Lawrence Avenue East, Suite 480, Toronto, Ontario M6A 3B4**

Fax: 416-789-9079

Thank you for your support!