

CAPITAL MENTAL HEALTH ASSOCIATION

Your Donations Help Make Recovery Possible.

Your donation helps to support recovery for many Victorians who live with mental illness. We provide programs that encourage community involvement, reintegration and learning new skills that will minimize the impact of mental illness. In supporting our rehabilitation and housing programs your donation is giving a sense of hope and purpose to the people who come to CMHA.

I would like to make a donation* of \$ _____

I will like to pay by: Cheque Cash Electronic Withdrawal (Schedule and Authorization below)

By making an automatic withdrawal from your bank account it is possible to give more (in total) by giving less (each month). We also welcome a single donation. Please give as generously as you feel able. You may cancel or change your donation at any time by calling us at (250) 389-1211. We will issue one income tax receipt for your entire contribution for the entire calendar year.

Electronic Withdrawal Schedule:

One Time Withdrawal: *Please specify date:* _____ Monthly: 10th 15th 30th

Yearly: Annually Semi- Annually *Please specify date:* _____

I authorize the Capital Mental Health Association to withdraw this monthly donation amount from my bank account. My sample cheque marked "VOID" is enclosed.

Signature: _____ Date: _____

I would like my donation to be allocated to the following program:

- | | |
|---|---|
| <input type="checkbox"/> B.R.I.D.G.E Centre | <input type="checkbox"/> Pathways Alzheimer's and Dementia Program |
| <input type="checkbox"/> Friendship Centre | <input type="checkbox"/> Christmas Fund |
| <input type="checkbox"/> G.R.O.W | <input type="checkbox"/> Education Materials for Public
(Mental Health Brochures, Videos, Books, etc.) |
| <input type="checkbox"/> Housing: | <input type="checkbox"/> Joan Dumka Education Fund (Client Education) |
| <input type="checkbox"/> Group Home: McCauley Lodge | <input type="checkbox"/> Wilna Thomas Fund (Staff Education) |
| <input type="checkbox"/> Meerstille <input type="checkbox"/> Newbridge | <input type="checkbox"/> In Memoriam: _____ |
| <input type="checkbox"/> NetWorks & Education Coaching | _____ |
| <input type="checkbox"/> Robertson Fund (Training or Clothing for people returning to work) | <input type="checkbox"/> Other: _____ |

Donor Information:

Dr. Mr. Mrs. Ms. Miss. Given Name: _____ Surname: _____

Address: _____ City: _____ Postal Code: _____

Email: _____ I would like to receive newsletters by Mail Email