



CANADIAN
MENTAL HEALTH
ASSOCIATION
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POUR LA SANTÉ
MENTALE

Thank You!

Tax receipts for gifts of \$20 and over will be issued automatically. If you would like a tax receipt for a Gift of less than \$20, please check this box .



YES! I want to support the work of the Canadian Mental Health Association Niagara Branch. Here's my donation:

My cheque made payable to the Canadian Mental Health Association Niagara Branch

\$25 \$35 \$50 \$100 or \$ _____

Please charge my VISA Mastercard

Card No. _____ Expiry: _____

Name: _____ Tel: _____

Address: _____

Postal Code: _____ E-mail: _____

Signature: _____

Join the **Break the Silence on Mental Illness Monthly Giving Program.** (see over)



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Thank You!

Tax receipt for your total year's contribution will be sent in January of next calendar year.



Break the Silence on Mental Illness Monthly Giving Program

The Canadian Mental Health Association Niagara Branch's **Break the Silence on Mental Illness Monthly Giving Program** is a convenient way to support our work year round. Please join today and help us create a healthy future.

YES! I want to support the Break the Silence on Mental Illness Monthly Giving Program with a monthly gift of:

\$25 \$35 \$50 \$100 or \$ _____

I have enclosed a cheque marked 'VOID'.

Please help us keep our files up to date and provide your current address on the other side of this card. You may also change, pause or cancel this payment arrangement at any time by notifying the CMHA Niagara Branch in writing.

The Canadian Mental Health Association Niagara Branch respects the privacy of our valued supporters and does not sell, trade or loan you information.

If you no longer wish to be contacted, or if you wish to have your name removed from our lists, please check this box or call us at 905-641-5222.