

## We'd love to hear from you!

Just fill out this form and send it to our office at the address below.

Canadian Mental Health Association (Saskatchewan Division) Inc. 2702 12th Avenue Regina, SK S4T 1J2

Tel.: 306 525 5601

or 1 800 461 5481 (toll free in SK)

Fax: 306 5569 3788

Email: contactus@cmhask.com

www.cmhask.com

Twodia into to support own in thy.
<ul> <li>□ Becoming a member of CMHA</li> <li>□ \$15 Personal</li> <li>□ \$30 Supporting</li> <li>□ \$50 Professional or Organization</li> </ul>
☐ Making a donation of ☐ \$200 ☐ \$100 ☐ \$50 ☐ \$ ☐ I would like this to be a monthly donation*
☐ Learning about including CMHA in my will
I would like my contribution to go to:
<ul> <li>□ Friends for Life</li> <li>□ General Fund (default)</li> <li>□ Healing Through Humour</li> <li>□ Saskatchewan Mental Health Coalition</li> <li>□ Writing For Your Life</li> </ul>

I would like to support CMHA by:

Charitable Receipt # 10686-4044-RR0001

NAME:	BUSINESS (if applicable):	
ADDRESS:	_ CITY/TOWN:	PROVINCE:
POSTAL CODE:PHONE	# (Hm)	_(Bus)
I WOULD LIKE TO PAY BY:Money Order	Cheque	Credit Card
Visa	· ·	Amex
Cradit Card #		Evoir Doto
Credit Card #:		Expiry Date:

Make cheques payable to "CMHA"

**Please feel secure.** We only use your personal information to provide services and to keep you informed and up to date on the activities of CMHA, which may include programs and services, special events, funding needs and more through periodic contact. If at any time you wish to be removed from any of these contacts simply contact us at 1-800-461-5483

We do not trade or sell our donor lists.

<sup>\*</sup> For monthly donations by cheque, please send a cheque marked "void" and this completed card by mail. Your charitable receipt will-include all monthly doantions made to December 31 for each calendar year. You can increase, decrease, cancel or restart your monthly donation at any time by notifying us at 1-800-461-5483.