



Canadian Mental
Health Association
Saskatchewan
Mental health for all

DATE: _____

DONATION IN LIEU OF CASH CALENDAR

NAME: _____

BUSINESS: _____

ADDRESS: _____

CITY/TOWN: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE: (Hm) _____ (Bus) _____

AMOUNT _____

METHOD OF PAYMENT: Money Order Cheque Credit Card Visa MC AMX

CC #: _____ Expiry Date: _____

If you wish, we can take your credit card payment by phone or fax.

Make cheques or money orders payable to "CMHA".

Mail: CMHA SK Division Inc.
2702 12th Ave.
Regina, SK S4T 1J2

Phone: 306-525-5601 (Regina)
Toll Free 1-800-461-5483 (in Saskatchewan)

Fax: 306-569-3788

Email: contactus@cmhask.com

Thank you for your generous support of mental health!