Canadian Mental Health Association
Saskatchewan
Mental health for all

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 (Sask Division) Inc.
2702 12th Avenue
Regina, SK S4T 1J2

Tel.: 306-525-5601
or 1-800-461-5481 (toll free in SK)
Fax: 306-569-3788
Email: contactus@cmhask.com
Website: www.sk.cmha.ca

I would like to support CMHA by:

☐ Becoming a member of CMHA:
- ☐ $15 Personal
- ☐ $30 Supporting
- ☐ $50 Professional or Organization

☐ 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:

- ☐ C.A.R.E.
- ☐ Friends for Life (Suicide Prevention)
- ☐ General Fund (default)
- ☐ Healing Through Humour
- ☐ Maternal Mental Health
- ☐ OSI-CAN (PTSD Support Program)
- ☐ Saskatchewan Mental Health Coalition
- ☐ Writing For Your Life

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 ___ Mastercard ___ Amex

Credit Card #: _____ Expiry Date: _____

*Make cheques or money orders payable to "**CMHA**".*

Please feel secure. We only use your personal information to provide services and to keep you informed and up-to-date through periodic contact on the activities of CMHA, which may include programs and services, special events, funding needs and more. 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.

* For monthly donations by cheque, please send a cheque marked "void" and this completed form by mail. Your charitable receipt will include all monthly donations 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.