



Canadian Mental
Health Association
Toronto

MEMBERSHIP AND DONATION FORM

YES! I wish to become a member/renew my membership in CMHA Toronto:

Membership fee:

- Individual \$20
 Limited Income \$5
 Non Profit/Small Business \$50
 Corporate \$100

YES! I wish to make a donation to the work of CMHA Toronto:

Amount:

\$ _____

Total payment (membership plus donation) \$ _____

I wish to pay by:

- Cheque, payable to CMHA Toronto
 Credit Card

Please circle: VISA / MasterCard / AMEX

Card # _____ Expiry ____ / ____

Signature _____

Name: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ Email: _____

Please mail to:

Canadian Mental Health Association - Toronto Branch
700 Lawrence Ave. West, Suite 480
Toronto ON M6A 3B4
Phone 416-789-7957 x3147

Charitable Registration #89344 9884 RR0001