



**Canadian Mental
Health Association**
Toronto

Membership and Donation Form

Charitable Registration #89344 9884 RR0001

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:

Total amount \$ _____

I wish to pay by:

cheque payable to CMHA Toronto, or 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. W., Suite 480

Toronto ON M6A 3B4

Phone 416-789-7957 ext 257