



Canadian Mental Health Association
Calgary
Mental health for all

Donation Form

Thank you for donation to Canadian Mental Health Association - Calgary Region

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

My employer has an employee matching program.

Enclosed is my donation (check one):

\$25 \$50 \$100 \$1,000 Other Amount \$ _____

I would like to contribute a monthly gift (*I authorize CMHA - Calgary to withdraw my monthly donation from my bank account or credit card account each month. See below for terms*):

\$5/mth \$10/mth \$25/mth \$50/mth Other Amount \$ _____

Cheques can be made payable to Canadian Mental Health Association - Calgary Region

Please charge my: VISA MC AMEX Bank Account (please attach void cheque)

Cardholder's Name: _____

Card No.: _____

Exp. Date: _____

Signature: _____

Date: _____

Yes, I would like my donation to be recognized in CMHA - Calgary material.

I would like to be recognized as: _____

Yes, I would like a tax receipt (issued for donations of \$20 or more).

Yes, I would like to receive communication from this organization.

When you become a monthly donor to CMHA - Calgary, your pledge will be withdrawn from your bank or credit card account on or around the 15th of each month. Once a year, in January, CMHA - Calgary will issue you an annual charitable tax receipt for your support. If you wish to change or cancel your authorization at any time, contact CMHA - Calgary in writing and your request will be processed within 30 days.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the terms of this PAD Agreement. Please contact your financial institution or visit www.cdnpay.ca for more information on certain recourse rights, your right to cancel this Pre-Authorized Debit Agreement, or to obtain a sample cancellation form.