



**Canadian Mental
Health Association**
Calgary
Mental health for all

**Memorial and Tribute Gifts
Donation Form**

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

This donation is in memory of: _____

This donation is made in tribute to or on behalf of: _____

Please send a gift acknowledgment card to the person/family indicated below. The card includes the name of the person in whose memory or tribute your gift is made as well as the name(s) you indicate as the donor below. The amount of the gift will not be disclosed.

Please do not send a gift acknowledgement card.

Acknowledgment Card Information:

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____

Name of donor to appear on card: _____

Donor Information:

Name: _____

Address: _____

City/Prov: _____ Postal Code: _____ Phone: _____

Email: _____

Enclosed is my donation (check one):

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

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

Please charge my: VISA MC AMEX

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.