



## MEMBERSHIP/DONATION FORM

*I wish to continue supporting the Canadian Mental Health Association, Hamilton Branch in their work to promote the mental health of all people by renewing my membership and/or making a donation.*

**ANNUAL MEMBERSHIP FEE:**

- Personal \$20
- Youth/Limited Income \$5
- Corporate \$40

**DONATION:**     \$100         \$50         \$25         Other \$\_\_\_\_\_

**If memorial donation, please provide the following information:**

Name of Deceased: \_\_\_\_\_

Name of Family Member(s) or Individual(s) to Be Notified of Donation: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**METHOD OF PAYMENT:**

cheque (*made payable to Canadian Mental Health Association, Hamilton Branch*)

**or**

VISA    MasterCard   Card Number: \_\_\_\_\_   expiry date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name as it appears on the card (please print): \_\_\_\_\_

Signature for Visa or MasterCard payment: \_\_\_\_\_

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_        **Province:** \_\_\_\_\_        **Postal Code:** \_\_\_\_\_

**Telephone:** (    ) \_\_\_\_\_

**E-mail:** \_\_\_\_\_