

Purchase order

Name:

Title:

Company:

Address:

City:

Province, Postal code:

Telephone:

E-mail:

I wish to purchase purse hanger(s)

You will find herewith a cheque payable to the Mental
Illness Foundation for the amount of \$

Please issue an invoice in the name of:
.....

Please charge the amount of \$ to my account:
 Visa Mastercard Amex

Card number:

Exp.: /
(month) (year)

Signature:

Please issue the income tax receipt in the name of:
.....

Please fill this purchase order print it
and send it back by mail
(Mental Illness Foundation - 401-2120
Sherbrooke Street E - Montreal QC - H2K 1C3)
or fax (514.529.9877)

The Mental Illness Foundation is a charitable organization
registered under number: 10183 6641 RR0001