



Mental Illness Foundation

Opening up surely helps

# Donation form

I am supporting the Mental Illness Foundation and making a difference:

### Contact information

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




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

City: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone (home): (\_\_\_\_) \_\_\_\_\_ Phone (office): (\_\_\_\_) \_\_\_\_\_

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

Amount of the donation: \$ \_\_\_\_\_

<input type="checkbox"/> <b>Cheque</b>  I am including a cheque payable to the Mental Illness Foundation	<input type="checkbox"/> <b>Credit card:</b> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"><input type="checkbox"/> </div> <div style="text-align: center;"><input type="checkbox"/> </div> <div style="text-align: center;"><input type="checkbox"/> </div> </div> Card number: _____ Expiry date: (mm/yy) _____ Name of card holder: _____ Card holder signature: _____
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I would like a receipt for income tax purposes

\* An official receipt for tax purposes will automatically be sent for donations of \$20 and more.  
Charitable organization registration number 10183 6641 RR0001

**Please print this form and return it by mail or fax to:**

Mental Illness Foundation  
401-2120 Sherbrooke Street East  
Montreal, QC H2K 1C3  
t. 514.529.5354 / 1.888.529.5354  
f. 514.529.9877

**We sincerely thank you for your donation.  
Together, we can overcome indifference.**