

### Contact information

Mr.    Ms.

First name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

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

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

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

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

I would like \_\_\_\_\_ *Pour les femmes* CDs at \$15 = \$ \_\_\_\_\_  
(Tax and delivery included.)

I would like \_\_\_\_\_ *Le Doc au Casino* CDs at \$15 = \$ \_\_\_\_\_  
(Tax and delivery included.)

I would like \_\_\_\_\_ *Doc nous parle d'amour* CDs at \$15 = \$ \_\_\_\_\_  
(Tax and delivery included.)

I would like \_\_\_\_\_ *Doc nous parle d'amour* CDs at \$15 = \$ \_\_\_\_\_  
(Tax and delivery included. A \$10 receipt will be issued for tax purposes.)

Please issue the receipt in the name of:

\_\_\_\_\_

TOTAL: = \$ \_\_\_\_\_

### Methods of payment

#### The CDs will be delivered upon receipt of payment

By cheque

Payable to the **Mental Illness Foundation**

Please charge the amount of \$ \_\_\_\_\_

to my  Visa    MasterCard    Amex   account

Card number: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_

Name of the card holder:

\_\_\_\_\_