



Mental Illness Foundation

Opening up surely helps

In memoriam 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: _____

In memoriam

In memory of: _____

Person to inform of my donation:

Name: _____

Address: _____

City: _____ Postal code: _____

Condolences: _____

Amount of the donation: \$ _____

Cheque

I am including a cheque payable to the Mental Illness Foundation

Credit card:



Card number: _____

Expiry date: (mm/yy) _____

Name of card holder: _____

Card holder signature: _____

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.