

# CALGARY ASSOCIATION OF SELF HELP

## DONATION FORM

### Donor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email: \_\_\_\_\_

### Donation Information

#### Option #1 Monthly Donation

Yes, I would like to give a monthly gift.

I authorize Calgary Association of Self Help to process my monthly contribution on the credit card I have provided below on the 15th day of every month. I can change the amount or cancel this agreement at any time by contacting Calgary Association of Self Help.

\$10     \$20     \$50     Other \$ \_\_\_\_\_ /month

#### Option #2 Single Donation

I prefer to make a single gift of \$ \_\_\_\_\_

### Payment Options

I have enclosed my cheque or money order payable to Calgary Association of Self Help

Please charge my     Visa     MasterCard

Credit Card number: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### In Memory / In Honour of:

\_\_\_\_\_

Acknowledgement card to: \_\_\_\_\_

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

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

Message to be included (if any): \_\_\_\_\_

Please complete this form and return to:

Calgary Association of Self Help  
1019 7 Avenue SW  
Calgary AB T2P 1A8  
OR  
Fax: 403-266-2478



Thank you in advance for supporting mental health in your community!