



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 Elements Calgary Mental Health Centre 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 Elements Calgary Mental Health Centre.

\$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 Elements Calgary Mental Health Centre

Please charge my Visa MasterCard

Credit Card number: _____ Exp: _____ CCV: _____

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:

Elements Calgary Mental Health Centre
400 - 1035 7 Avenue SW
Calgary AB T2P 3E9
OR
Fax: 403-266-2478

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