



Donation Form: Mental Health Research Canada

I am enclosing a one-time donation of:

\$25  \$50  \$100  \$250  Other \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr.  Other \_\_\_\_\_

Billing information (please print):

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone number \_\_\_\_\_ Email \_\_\_\_\_

Cheque payable to: Mental Health Research Canada

Please charge my credit card  VISA  MasterCard  American Express

Name on card \_\_\_\_\_

Credit card number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_

CVV: \_\_\_\_\_ (the three number security code on the back of a credit card)

Type of Donation:  General  In Memory  In Honour

Name of Individual for *In Memory of* or *In Honour of*:

\_\_\_\_\_

Address for acknowledgement card (if applicable):

First name \_\_\_\_\_ Last name \_\_\_\_\_

Address \_\_\_\_\_

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

If desired, include MHRC staff member to sign card \_\_\_\_\_

Please mail form (and payment, if applicable) to:

Mental Health Research Canada, 180 Bloor Street West, Suite UC101, Toronto, ON M5S 2V6

For online donations, visit [www.mhrc.ca](http://www.mhrc.ca) and click the Donate button.

Thank you for supporting Mental Health Research Canada

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