



Donor Information (please print)

Name	
Address	
City/Town	
Province	
Postal Code	
Telephone (home)	
Telephone (business)	
Fax	

*Please send me updates and information on CMHA-NL's work and upcoming events
 Email address: _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid:
 ___ one time ___ monthly ___ yearly
 I (we) plan to make this contribution in the form of:
 ___ cash ___ cheque ___ credit card ___ other

Monthly donation:

Credit card type (VISA/MC)	
Credit card number	
Expiration date	
Authorized signature	
Date	
Withdrawal date (monthly donors only)	Please indicate: 1 st <input type="checkbox"/> 16 th <input type="checkbox"/>
Additional comments/information	

* If you wish for a monthly donation to be withdrawn from your bank account please include a **voided cheque, sign above to authorized withdrawals, and indicate date of withdrawal.**

One Time Gift:

Credit card type (VISA/MC)	
Credit card number	
Expiration date	
Authorized signature	
Date	
Additional comments/information	

Please make cheques payable to:

Canadian Mental Health Association-NL Division
 603 Topsail Road
 St. John's, NL A1E2E1