



# DONATION FORM

## Donor Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

\_\_\_\_\_

## 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.

### 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: \_\_\_\_\_

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!**