



Women FOR MENTAL HEALTH

Yes! I want to get involved in Women for Mental Health to help transform mental health care and research in our community by becoming a:

MEMBER - Contributing to our success

- Minimum Gift of \$19.23 per week for 5 years
= \$5,000 (\$83.34 monthly)
- Invite others to become members

Please process my monthly gift of:

\$ _____

on the 15th of each month for 60 months

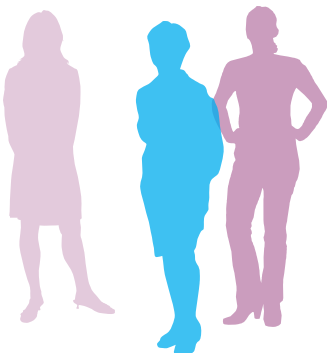
(One tax receipt will be sent at the end of each calendar year for the total donation amount)

OR

Please process my one time gift of:

\$ _____

Signature: _____



The Le
Royal

Mental Health - Care & Research
Santé mentale - Soins et recherche

Contact Information:

Name: _____

Address: _____

City: _____ Prov.: _____

Postal Code: _____

Tel: _____

Email: _____

- My cheque, made payable to the Royal Ottawa Foundation for Mental Health is attached.
- Deduct my monthly donations from my bank account. My sample cheque marked VOID is attached.
- I prefer to use my: VISA Master Card

Card #

Expiry Date (MM/YY)

Cardholder's Name

Cardholder's Signature

Royal Ottawa Foundation for Mental Health

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www.youknowwhoiam.com

Charitable Registration Number: 11912 9179 RR0001