



Children's Mental Health Ontario
Santé mentale pour enfants Ontario

Every donation helps CMHO achieve its mission of championing the right of every child and youth in Ontario to mental health and well-being. Thank you!

Please make your cheque payable to:
 Children's Mental Health Ontario
 40 St. Clair Avenue East, Suite 309
 Toronto, Ontario
 M4T 1M9

CMHO will issue a charitable donation receipt for donations of more than \$20.

Enclosed is my donation of: \$ _____

Please mail a charitable donation receipt to me at:

First Name: _____ Last Name: _____
 Address (line1): _____
 Address (line2): _____
 City: _____ Province/State: _____
 PostalCode/Zip: _____ Country: _____

Would you like to dedicate this donation?

No
 Yes, as a gift in memory of: _____
 Yes, as a gift in honour of: _____

If you're making a gift in memory or honour of someone, would you like CMHO to send a card to this individual's family or friends?

No
 Yes, please mail a card to:
 First Name: _____ Last Name: _____
 Address (line1): _____
 Address (line2): _____
 City: _____ Province/State: _____
 PostalCode/Zip: _____ Country: _____
 Any special message on the card? _____

How would you like to have the card signed? _____