camh one brave night for mental health™

Fundraising Form for Offline Donations (Cash, Cheque)

Organization Name: _____ Event Date: _____

Team Name: _____ Event Location: _____

*Required fields

*Name: _____

*Address: _____

*City: _____ *Province: _____

*Telephone: _____ *Email: _____

Please send all cash and cheques to: CAMH Foundation, 100 Stokes St, 5th floor, Bell Gateway Building, Toronto, ON M6J 1H4

Tax receipts will be issued for pledges of $10 or more upon request. We cannot guarantee a tax receipt if information is not clear and complete. Please include full address for tax receipting purposes. **Please make cheques payable to: CAMH Foundation.**

Sponsor's Name (First and Last)	Mailing Address	City	Province	Postal Code	Phone No.	E-Mail Address	Donation	Cash or Cheque	Donate Anonymously
David Smith	1234 Lakeshore Lane	Toronto	ON	M5B 3J5	(111)123-4567	dsmith@emailaddress.com	$20	Cash	

We are committed to protecting the privacy of your personal information. We may maintain a record of your interaction for donor related, promotion and tax receipting purposes, where required. Occasionally, we may contact you with mission-related communications.

TOTAL COLLECTED:

Friday, April 6, 2018

It's time to step up—and stay up—to defeat mental illness

camh Canada's Leading Hospital for Mental Health