

DONATION FORM



PARTICIPANT NAME: _____
 PARTICIPANT PHONE: _____
 PARTICIPANT EMAIL: _____

Donation forms must be complete and legible to be eligible for a tax receipt. Please note that all donations of \$10 are eligible for a tax receipt. Please make cheques payable to CAMH Foundation. Please do not mail cash. Multiple forms can be printed for donors that prefer to have their information to be confidential by the participant. Donations can also be made securely online at our website: www.sunrisechallenge.ca

Please contact sunrisechallenge@camh.ca with any questions.

Name (First and Last):			Cash or Cheque:
Email:		Phone:	Donation Amt:
			\$
Street Name and Number:	City:	Prov:	Postal:
Name (First and Last):			Cash or Cheque:
Email:		Phone:	Donation Amt:
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Street Name and Number:	City:	Prov:	Postal:
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Name (First and Last):			Cash or Cheque:
Email:		Phone:	Donation Amt:
			\$
Street Name and Number:	City:	Prov:	Postal:

THANK YOU FOR YOUR DONATION TO CAMH FOUNDATION!

CAMH Foundation is committed to protecting the privacy of our donors and adheres to privacy regulations as outlined in our privacy policy. Questions or concerns regarding the handling of personal information may be directed to our Privacy Officer, at the Centre for Addiction and Mental Health Foundation, 100 Stokes Street, 5th Floor, Toronto, ON M6J 1H4 or send an email to Privacy.Foundation@camh.ca.