

Pledge Form



Canadian Mental Health Association, PEI Division
Mental Health for All!

Donor Information (please print or type)

Name _____
Address _____
City, Prov, Postal _____
Phone 1 | Phone 2 _____
Fax | Email _____

Pledge Information

I (we) pledge a total of \$ _____ to be paid: now monthly quarterly yearly.

I (we) would like to receive charitable tax receipts by: mail email

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. Date _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

form enclosed form will be forwarded

Notes/Acknowledgements

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to:
Canadian Mental Health Association PEI

Canadian Mental Health Association, PEI Division
PO Box 785, 178 Fitzroy Street
Charlottetown, PE C1A 7L9