



Community Mental Wellness Association of Canada

加拿大社區情緒健康協會

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 CMWACanada

 @CMWAC

DONATION FORM

I/We donate the following sum to Community Mental Wellness Association of Canada for the year _____. (please indicate what year you would like the charity receipt made out for)

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

PLEASE COMPLETE THIS IN ENGLISH

Canada Revenue Agency requires us to have a complete record of all donations (names, address and contact information) requesting a charity receipt.

You will receive a charity receipt for any amount of \$20.00 or more.

CMWAC Registered charity number 866055635RR0001

You can donate by completing this form and sending your payment to our address or donate online via the website: <https://bit.ly/3GJJTPQ>

Thank you for your continued support!!!