



**Canadian Mental
Health Association**
Haliburton, Kawartha, Pine Ridge

Donation Form

- I wish to donate to the Canadian Mental Health Association, Haliburton, Kawartha, Pine Ridge's General Account to be used where it is most needed.
- I wish to donate to the _____ Program.

Amount: \$ _____

Name: _____

Organization: _____

Address: _____

City: _____

Postal Code: _____

Telephone: _____

Email: _____

Payable to: **CMHA HKPR**

Please forward to: Kerri Davies
CMHA HKPR
415 Water Street
Peterborough, Ontario
K9H 3L9

Please note: Donations of \$20.00 or more will receive a charitable donation receipt for tax purposes.