



# Donation Form

to be used for mailed donations

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Monthly Donation**  
Amount: \$ \_\_\_\_\_

**One-Time Donation**  
Amount: \$ \_\_\_\_\_

**Donation by Direct Withdrawal**  
Contact Development Office to provide  
banking information

**Please send completed  
form and payment to:**  
EveryMind  
Development Department  
85A Aventura Court  
Mississauga, ON  
L5T 2Y6

If you have any questions, please  
contact [fundraising@everymind.ca](mailto:fundraising@everymind.ca) or  
call 905-795-3500, Ext. 2298.

**Charitable Registration #:**  
11908 7807 RR0001

## Payment Details

**Payment enclosed**  
Cheque payable to EveryMind

**Please charge my credit card**  
 Visa  Master Card  Other

Card #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Cardholder Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_