



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 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 AMEX

Card #: _____

Expiry Date: _____ CVV#: _____

Cardholder Name (print): _____

Signature: _____