



The Canadian Mental Health Association, Lambton County Branch Please Help Us to Help Our Community

The Canadian Mental Health Association is the foremost provider of innovative, community-based, adult mental health services in Sarnia-Lambton; promoting the mental health of all individuals, and providing excellence in support and treatment for those with mental illness.

Would you like to further the work of our organization, but aren't sure how? **One way to support CMHA Lambton is to become a member of our organization.**

By doing so, you will help to make a difference in the lives of individuals in our community, and their families and friends, who are at risk of developing - or are living with - a mental illness such as Depression, Bipolar Disorder, or Schizophrenia. As 1 in 5 Canadians (26, 000 individuals in Lambton County alone) will develop a mental illness in their lifetime, chances are you know someone who does, or has, benefited from our services.

Please show your support by becoming a member of our Agency today! As a member, you will also:

- Be entitled to vote at our Annual General Meeting
- Receive our Newsletter, which is distributed in March, August, and December of each year

We hope you will join with us in making mental health matter in our community! Please complete, detach, and return the form below to **CMHA, Lambton County Branch, 210 Lochiel Street, Sarnia, Ontario, N7T 4C7** or fax it to us at **519-337-2325**. For additional information please call **519-337-5411** or email sharon@cmha.sarnia.net



CMHA LAMBTON MEMBERSHIP AND CHARITABLE DONATION FORM (PLEASE PRINT CLEARLY)

Date: _____ Name: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Home Phone: _____ Bus. Phone: _____

Email Address: _____

Membership Fees \$20.00

In addition, I would like to support the work of CMHA Lambton with a charitable donation of:

\$50 \$75 \$100 \$250 \$500 \$_____

Total Payment Enclosed: \$_____ (Charitable tax receipt will be issued promptly for the amount of the *donation* only.)

I would prefer to pledge a **monthly** gift of \$_____ and understand that this amount will be debited from my account once per month until I request cancellation in writing. (Charitable tax receipt will be issued at year end.)

Payment Method

Cheque (made payable to "CMHA Lambton") Visa Mastercard

Void cheque or credit card number provided (for monthly donation)

Name (as it appears): _____ Card Number: _____

Expiry Date: _____ Signature: _____



Thank you for your generous support!

