

**Donation Remittance Form:**

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

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

City: \_\_\_\_\_, Ontario Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Payment Method:**  Cheque  Visa  Mastercard  
(Cheques Payable to Lambton County Mental Health Foundation - LCMHF)

Credit Card No.: \_\_\_\_\_ Expiry: \_\_\_\_\_

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

**Amount:**  \$25  \$50  
 \$75  \$100  \$250  
 \$500  Other: \$ \_\_\_\_\_

**Four Options:**

<b>Postal Mail</b> 210 Lochiel Street Sarnia, ON N7T 4C7	<b>Online</b> Visit Our Website
<b>Fax</b> (519) 337-2325	<b>Phone</b> (519) 337-5411

Registered Charitable No. 889847216 RR0001  
Lambton County Mental Health Foundation