

2023 Suicide Awareness Month Walk PLEDGE FORM

CRA #10686 4036 RR0001



NAME:

Community well-being is our sole focus.

*Please make cheques payable to: CMHA-WECB, with SAM Walk in the memo

Donor Name	Mailing Address	Email Address	Payment Type	Tax Receipt Req'd	Credit Card Type	Credit Card # (all 16 digits)	Expiry	CVV	Amount
John Smith	123 Main St. Windsor, ON A1A 1A1	john@email.com	✓ Credit Card Cash Cheque	Yes	VISA	1234 1234 1234 1234	07 / 17	123	\$50