

AMI-Québec Membership & Donation Form

NAME _____

ADDRESS _____

CITY _____ PROVINCE _____

POSTAL CODE _____ TELEPHONE _____

E-MAIL _____

Membership

Membership includes the quarterly *Share&Care*, other mailings and lecture announcements, access to support groups and education programs and all other activities. Complimentary membership is available for people with limited incomes.

- I wish to renew my membership
- I wish to become a member
- I have a family member with a mental illness
- I have a mental illness
- I am a mental health professional

Donations

(Tax deductible Business Number **89652 4071 RR0001**)

I wish to support your work with a donation

- \$50 Sponsor \$100 Sustaining Donor
- \$250 Patron \$500 Benefactor Other: _____

I wish to make this donation in honor of: in memory of:

FOR US TO ACKNOWLEDGE YOUR GENEROSITY, SUPPLY DONEE'S NAME AND ADDRESS

- I would like information about including **AMI-Québec** in my estate planning

| | |
|----------------------------------|----------|
| Membership (\$25 annual): | \$ _____ |
| Donation: | \$ _____ |
| Total amount enclosed: | \$ _____ |

Payment may be made by cheque, VISA or MASTERCARD
Payments may also be made by phoning 514-486-1448

- VISA MASTERCARD Cheque

Card number _____

Name on card _____ Exp. date _____

Send payment to **AMI-Québec**,
5253 Décarie, Suite 200, Montréal, Québec H3W 3C3

