



F.A.M.E.
FAMILY ASSOCIATION
FOR MENTAL HEALTH
EVERYWHERE

Membership/Donor Card

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F.A.M.E. charity #13258-2198-RR0001.
A tax receipt is issued for all donations over \$10

4214 Dundas Street West, Suite 209, Etobicoke, Ontario M8X 1Y6
Telephone: 416.207.5032 Fax: 416.207.5036
email: fame@fameforfamilies.com Web: www.fameforfamilies.com

*Mission Statement:
Offering support to families where any
mental illness is an issue by providing
education, resources and coping strategies.*

Yes, I would like to become a member:

Name: _____ Tel: _____ Email: _____

Address: _____ Apt: _____ City: _____ Postal Code: _____

Enclosed is my donation \$20 \$50 \$100 Other _____

Cash Cheque (payable to F.A.M.E.) Credit Card VISA MasterCard AMEX

Card Number _____ Expiry Date _____ Signature _____

