



Participant Name:

Canadian Mental Health Association, Windsor-Essex County Branch (CMHA-WECB)
CRA 10686 4036 RR0001

Email: _____ Payment: ☐ Cash ☐ Cheque Tax Receipt? ☐ Yes ☐ No

Name: _____ Amount: \$ _____
last first

Address: _____
street city province postal code phone number

Email: _____ Payment: ☐ Cash ☐ Cheque Tax Receipt? ☐ Yes ☐ No

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