



Participant Full Name:

Pledge Form – Mental Health in Motion 2021

Mental Health in Motion is everyone's opportunity to connect - to your own mental health, to each other and to our community, while raising critical funds that support transformational change in the lives of youth throughout York Region and South Simcoe. Thank you for joining the movement!

Please fill in your pledge form for every cash and cheque donation you receive. All donations valued at \$20+, with all below information completed, will receive a tax receipt. Donations using a credit card can be made online at CMHAinMotion.ca.

Please bring all donations and cheques, along with your completed pledge form(s), in an envelope to the registration table on event day, or forward them to CMHA York South Simcoe branch by mail.

Please make cheques payable to:
CMHA York South Simcoe

PARTICIPANT INFORMATION

Name:

First

Last

Address:

Street

City

Province

Postal Code

Email

PLEDGES

Name:

First

Last

Amount: \$

Address:

Street

City

Province

Postal Code

Phone

Email:

Payment: Cash Cheque Tax Receipt? Yes No

Name:

First

Last

Amount: \$

Address:

Street

City

Province

Postal Code

Phone

Email:

Payment: Cash Cheque Tax Receipt? Yes No



Canadian Mental Health Association
 York and South Simcoe
Mental health for all



Participant Full Name:

Name: _____ Amount: \$ _____

First

Last

Address: _____

Street

City

Province

Postal Code

Phone

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

Name: _____ Amount: \$ _____

First

Last

Address: _____

Street

City

Province

Postal Code

Phone

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

Name: _____ Amount: \$ _____

First

Last

Address: _____

Street

City

Province

Postal Code

Phone

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

Name: _____ Amount: \$ _____

First

Last

Address: _____

Street

City

Province

Postal Code

Phone

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



Participant Full Name:

Name: _____ Amount: \$ _____
First Last

Address: _____
Street City Province Postal Code Phone

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

Name: _____ Amount: \$ _____
First Last

Address: _____
Street City Province Postal Code Phone

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

Name: _____ Amount: \$ _____
First Last

Address: _____
Street City Province Postal Code Phone

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

Name: _____ Amount: \$ _____
First Last

Address: _____
Street City Province Postal Code Phone

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