

National Mental Health Fundraising Campaign

FUNDRAISING PLEDGE FORM
Event Location:
Event Date:

Participant's Name:	Address:						
Phone: ()	Email:	Email:					
	e Defeat Depression Campaign, which provides r , and assists the important work of mental healti		als living with mental	My Fundraisir \$	g Goa	ıl is:	
Donor's Name (Please print clearly)	Home Address & Postal Code (Mandatory for donations \$25 or more – Tax Rece	Email Address	Telephone	# Pledge Amount	Cheque	Cash	Received
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Thank you for your support! Please bring your pledge sheet(s) and donations to the registration table at the event. A personal cheque for all cash you have collected is preferred.

Make cheques payable to Mood Disorders Society of Canada. Tax receipts will be generated for donations of \$25 or more. Donations can also be made online at www.defeatdepression.ca

Defeat Depression Fundraising Pledge Form con	Page of		
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