

MONTHLY DONATION PLAN

I authorize the *Canadian Psychiatric Research Foundation* to withdraw from my chequing account a donation in the amount of \$ _____ on the 15th of each month and I have enclosed a cheque marked "Void". I understand that I can change this agreement by notification in writing to the *Canadian Psychiatric Research Foundation*.

Signature

Date

I authorize the *Canadian Psychiatric Research Foundation* to charge to my credit card a monthly donation of \$ _____.

Credit Card Number

Expiry Date

Please send me information about Planned Giving.



Canadian Psychiatric Research Foundation
Fondation canadienne de la recherche en psychiatrie