

# 2022 Membership Form

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

City

Prov.

Postal Code

**Payment:**     **Cash**     **Cheque**     **Visa**     **MasterCard**

Annual dues:                            \$25.00

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

+ (optional) donation:                \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CVV: \_\_\_\_\_

= Total:                                        \_\_\_\_\_

My Signature: \_\_\_\_\_

We appreciate your support—a tax receipt will be issued for total amount. Make cheque payable to Pathways Serious Mental Illness Society. Please mail completed form to: Pathways Serious Mental Illness Society, 205-1865 Marine Dr, West Vancouver, BC, V7V 1J7.

- I would like to receive *The Notepad* newsletter
- I would like more information on leaving a gift in my will

Pathways protects your vital information, we do not sell or share our donor lists. To donate by phone or make changes to your personal details, please call 604.926.0856. Your gift is tax deductible. Charitable Registration No. 89422 6935 RR0001

Contact: 604-926-0856 or [info@pathwayssmi.org](mailto:info@pathwayssmi.org)

