

Membership Form

Name: _____

Date: _____

Address: _____

Tel: _____

City Prov. Postal Code

Email: _____

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, 101-315 1st Street West, North Vancouver, BC V7M 1B5.

- 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

