

## Your Donations Help Make Recovery Possible

Your donation helps to support recovery for many Victorians who live with mental illness. We provide programs that encourage community involvement, reintegration and learning new skills that will minimize the impact of mental illness. In supporting our rehabilitation and housing programs your donation is giving a sense of hope and purpose to the people who come to ICMH.

I would like to r	nake a donatio	n* of \$				
I will pay by:	<b>Cheque</b> below)	🗌 Cash	<b>Electronic</b>	Withdrawal	(Schedule a	and Authorization
by giving le appreciated We will issu	ess (each mon . You may canc .e one income ta	th). We also cel or change ax receipt fo	o welcome a sin	gle donation t any time by	i. Your gene z calling us a	ve more (in total) prosity is always t (250) 389-1211. endar year.
Electronic V	Vithdrawal Sch	nedule:				
🗌 One Time	Withdrawal: Pla	ease specify d	ate:			
Monthly: on	the $\Box 10^{\text{th}} \Box 13$	$5^{\text{th}}$ 30 <sup>th</sup> of	each month			
Yearly: 🗌 Ar	nnually 🗌 Sen	ni- Annually	Please specify date	9:		
my bank acc	count. A sample	e cheque ma	Health to withdr rked "VOID" is e	nclosed.	-	
Is there a particular	program area	you would li	ke your donation	to support?		
Donor Information:						
Dr. Mr. Mr	rs. 🗌 Ms. 🗌 Mi	ss.				
First Name:			Last Name			
Address:			City:		Postal C	ode:
Email:						
I would like to recei	ve the ICMH n	ewsletters b	y 🗌 Mail 🗌 Ema	ail		