

DONATION FORM



THE SCHIZOPHRENIA
SOCIETY OF NB

A REASON TO HOPE.
THE MEANS TO COPE.

A Reason to
HOPE

The Means to
COPE

I AM PLEASED TO HELP THE
SCHIZOPHRENIA SOCIETY OF
NEW BRUNSWICK PROVIDE
A REASON TO HOPE.
THE MEANS TO COPE.
FOR FAMILIES AND THOSE CHALLENGED
BY MENTAL ILLNESS/ADDICTION

Dr., Mr., Mrs., Ms

.....
First Name, Last Name

Address _____

City

Province

Postal Code

Phone

() _____

Home

() _____

Business or Cell

Email _____

PAYMENT OPTIONS:

Cash Money Order Cheque made payable to
The Schizophrenia Society of New Brunswick

DONATION INCREMENTS:

\$100, \$75, \$50, \$25, or

\$ _____

We are pleased to list our donors of \$1000 or more in the
Schizophrenia Society of New Brunswick's Annual Report.
Tax Receipts will be issued for Donation of \$10 or more

✦ WE DO NOT TRADE OR SELL YOUR PERSONAL INFORMATION
TO OTHER ORGANIZATIONS UNLESS YOU HAVE PROVIDED YOUR
CONSENT. INFORMATION WILL BE USED EXCLUSIVELY FOR THE
PURPOSE OF PROCESSING AND RECEIPTING DONATIONS AND
FOR OTHER FOR OTHER SSNB RELATED INITIATIVES.

I DO NOT WISH TO BE SOLICITATED FOR SSNB RELATED
INITIATIVES

PLEASE CHECK HERE

THE SCHIZOPHRENIA SOCIETY OF NEW BRUNSWICK
PO Box 562
MIRAMICHI, NB, CANADA, E1V 3T7
TEL : (506) 622-1595 FAX : (506) 622-8927
E-MAIL : [SSNB MIRAMICHI@NB.AIBN.COM](mailto:ssnbmiramichi@nb.aibn.com)
CHARITABLE REGISTRATION # 88609 1495 RR0001
www.schizophreniasociety.nb.ca