

**CMHA Oxford Membership or Donation Form**

Name \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Phone \_\_\_\_\_

Individual/Family Membership

Donation

Membership for individuals or families is \$10.00.  
If this is a hardship, any amount of \$1.00 or more entitles you to a membership.  
Please send your cheque payable to **CMHA, Oxford County Branch**  
522 Peel Street, Woodstock, ON N4S 1K3



Member of the United Way

Charitable Registration 118834217