

Contact information

Mr. Ms.

First name: _____ Name: _____

Title: _____

Company: _____

Address: _____

City: _____ Province: _____ Postal code: _____

Phone (office): _____ (home): _____

E-mail: _____

I would like _____ *Pour les femmes* CDs at \$15 = \$ _____
(Tax and delivery included.)

I would like _____ *Le Doc au Casino* CDs at \$15 = \$ _____
(Tax and delivery included.)

I would like _____ *Doc nous parle d'amour* CDs at \$15 = \$ _____
(Tax and delivery included.)

I would like _____ *Le Doc et le GEMU au Casino* CDs at \$15 = \$ _____
(Tax and delivery included.)

I would like _____ *The Doc is Back!* CDs at \$25 = \$ _____
(Tax and delivery included. A \$10 receipt will be issued for tax purposes.)

Please issue the receipt in the name of:

TOTAL: = \$ _____

Methods of payment

The CDs will be delivered upon receipt of payment

By cheque

Payable to the **Mental Illness Foundation**

Please charge the amount of \$ _____

to my Visa MasterCard Amex account

Card number: _____

Expiry date: _____ / _____

Name of the card holder:
