

2019 Mental Health Forum Partnership Form

Contact Information

Organization Name:

Contact:

Title:

Address 1:

Address 2:

City:

Province:

Postal Code:

Phone:

Email Address:

Please select your level of support

Gold - \$5,000

Silver - \$3,000

Bronze - \$1,000

Payment Details

Please Invoice

Visa

MasterCard

Amount Owning:

Credit Card

Expiry Date: MM/YY:

Name on Card:

Signature

Please make cheques payable and/or return form to:

Ontario Municipal Social Services Association
30 Duncan Street, Suite 606, Toronto, ON, M5V 2C3
Tel: (416) 479-1491 | Email: education@omssa.com