



Cheque Payment Memo

TO: Mental Health First Aid Canada

FROM: _____

FOR: MHFA Canada Course Payment

AMOUNT: _____

This memo is to be attached to the cheques for payment to Mental Health First Aid Canada.

Please make cheques payable to “Alberta Health Services”

Program name: **Mental Health First Aid Canada**

Located at:

**Alberta Health Services
Mental Health First Aid Canada
5R12, R Wing
Edmonton General
11111 Jasper Ave
Edmonton AB T5K 0L4**

Invoice number (if applicable): _____

Please check appropriate box.

- MHFA Canada Basic Instructor Training (\$3000/participant)
- 3 Day MHFA Canada Youth Instructor Training (\$1800/participant)
- 5.5 Day MHFA Canada Youth Instructor Training (\$3500/participant)

Signature: _____

Date: _____