



**Mid-Main**

Community Health Centre

## **Mid-Main Charitable Donations Form**

Thank you for donating to Mid-Main!

To make a donation, please print out and complete this form and send along with a cheque or credit card information where indicated to:

**Executive Director  
Mid-Main Community Health Centre  
3998 Main Street  
Vancouver, BC V5V 3P2**

Mid-Main will automatically provide a Charitable Tax Receipt via mail for donations over \$20.00 or if requested for other amounts.

**Donating To:**  Medical  Dental  Bangladesh Health Project  PAT

Date:

Name:

Address:

City:

Prov:

Postal:

Home Ph:

Email: \_\_\_\_\_

Amount \$

Cheque (enclosed)  Cash (do not send in the mail)

Credit Card  VISA OR  Mastercard

Name as it appears on the card:

Card # \_\_\_\_\_ Expiry Date:

**Many thanks for your support from everyone at Mid-Main!**