



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 it along with a cheque or credit card information where indicated to:

**Executive Director
Mid-Main Community Health Centre
2205 Main Street, Vancouver, BC V5T 0K2**

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!