



# DONATION FORM

Please print and send this form with cheque, cash, or credit card information.

Please make donations payable to:

**Pender Harbour & District Health Centre Society**

Cheque  Cash  Visa  MasterCard      Amount: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiry: (mo/yr) \_\_\_\_\_ / \_\_\_\_\_      CVV: (3 digits on back of card) \_\_\_\_\_

Name on Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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**Pender Harbour & District Health Centre Society**  
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