

**Yes, I would like to support the BC Health Coalition & public health care again in 2017!**

Name:

Address:

Email\*\*:

Phone:

\*\* An email contact is important for keeping you updated on our coalition work throughout the year

**I would like to become a Monthly Donor:**

Membership Fee (is included as part of your monthly donation):

I will make a MONTHLY donation of \$5 \$10 \$20 \$25 \$ \_\_\_\_\_ Other

I have enclosed a CHEQUE marked VOID in order to contribute monthly.

Please charge my CREDIT CARD for monthly donations  VISA  MASTERCARD

CREDIT CARD # \_\_\_\_\_

Signature (REQUIRED) \_\_\_\_\_ Exp date: \_\_\_\_\_ / \_\_\_\_\_

For monthly donors, your signature is **REQUIRED** to authorize BC Health Coalition to deduct the amount indicated from your bank or credit card on a monthly basis.

**I would like to make a one-time donation:**

Membership Fee (\$10): \_\_\_\_\_

ONE-TIME Donation Amount: \_\_\_\_\_

Total Amount Enclosed: \_\_\_\_\_

I have enclosed a CHEQUE (made out to the BC Health Coalition)

Please charge my CREDIT CARD once (or donate on-line at [www.bchealthcoalition.ca](http://www.bchealthcoalition.ca))

CREDIT CARD # \_\_\_\_\_

Signature (REQUIRED) \_\_\_\_\_ Exp date: \_\_\_\_\_ / \_\_\_\_\_

### Thank You!