

Yes, I would like to support the BC Health Coalition & public health care in B.C.!

Name: _____ Organization (if needed): _____

Address: _____

Postal Code: _____

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:

make a ONE-TIME 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, OR

Membership Fee (\$10): _____

ONE-TIME Donation Amount: _____

Total Amount Enclosed: _____

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

Please charge my CREDIT CARD (Visa/Mastercard): **MONTHLY** **ONE-TIME**

CREDIT CARD # _____

Signature (REQUIRED) _____ Exp date: _____ / _____

Organizational Membership: We would like to become a member of the BC Health Coalition. We agree with the mission and values of BCHC, and the Call to Care of the Canadian Health Coalition. No one will be turned away due to lack of funds.

Fee Structure for Organizations

<p>Community Groups, Union Locals or "parts of larger groups"</p> <p>Under 100 members - \$25/year</p> <p>101 – 1,000 members - \$50/year</p> <p>1001 and over - \$75/year</p>	<p>Provincial or Regional Organizations</p> <p>Under 1,000 members - \$50/year</p> <p>1001 – 10,000 members - \$100/year</p> <p>10,000 and over - \$500/year</p> <p>Coalitions & Networks: Please contact the office to discuss</p>
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Organizational Membership Fee: _____

Additional Donation Amount: _____ for operations for Legal Defense Fund

Total Enclosed: _____