



Print cartridges recovery program

REQUEST FOR PICK-UP

NAME OF THE PERSON IN CHARGE :

Company :

Address :

City :

Postal Code:

Phone : ()

Fax :

Email :

 **Number of packages :_____ (Very important)**

 **Number of cartridges : _____ Laser/ink jet**

 **Opening and closing hours:_____**

 **Any specific directions(if necessary) :**

Mira thanks you for your generosity!



Everytime a print cartridge is given to Mira,a dog gets closer to its future owner.

MIRA FOUNDATION
1135, 2^e Rang Neuville QC G0A 2R0
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876-1208 WEB SITE:cartouches.mira.ca EMAIL : cartouchesext@mira.ca

