



Mira Foundation
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REQUEST FOR PICK-UP

RECOVERY PROGRAM FOR EMPTY PRINTER CARTRIDGES AND CELL PHONES

COMPANY

CONTACT :

ADDRESS :

CITY P. CODE:

PHONE:

EMAIL:

NUMBER OF CARTRIDGES: Laser/Inkjet (very important)
NUMBER OF PACKAGES:

OPENING AND CLOSING HOURS:

ANY SPECIFIQUE DIRECTIONS (if necessary)
