

YES, I WANT TO MAKE A DONATION TO THE RNFBC AND THE NURSES OF BC!

TITLE: Mr. Mrs. Miss Ms. Dr.
NAME: _____
ADDRESS: _____
CITY: _____ **PROV:** _____ **PC:** _____
BEST CONTACT TELEPHONE: (____) _____
BEST CONTACT EMAIL: _____

I would prefer that RNFBC communicate with me via email or mail

Please print clearly...thank you.

2017 DONATION OPPORTUNITIES:

BEST USE \$ _____

Use my donation where it is needed the most.

OPERATING FUND \$ _____

Use to fund operations, allocate to Operating and Bursaries Reserve or add to the amount of named bursaries' accrued interest in a given year, if needed.

LIGHT-A-LAMP FOR KNOWLEDGE \$ _____

This newly created initiative will support our Bursary Program and make a positive difference to someone's professional career.

SUPPORT A RNFBC NAMED BURSARY \$ _____

Bursary name _____

IN MEMORIUM (In Memory or in Honour of a Loved One): \$ _____

Loved one's name optional _____

MONTHLY DONORS CLUB

\$10 pm \$25 pm \$50 pm \$100 pm Other \$ _____

I would like to contribute to the success of RNFBC with an on-going monthly donation which I understand can be discontinued at any time if I so choose. I also understand that my tax receipt will be issued at the end of each calendar year. Please use the credit card noted below.

Please find enclosed my cheque made payable to **RNFBC** in the amount of \$ _____ or

Charge my VISA or MASTERCARD in the amount of \$ _____

Credit Card Number: _____ Expiry Date: _____

Signature: _____ Today's Date: _____



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www.rfnbc.ca

RNFBC is a
registered charity –
Registration No.
11911 4544 RR0001

Tax receipts will be
issued for
donations of \$25 or
more.