

YES, I WANT TO LIGHT-A-LAMP FOR KNOWLEDGE FOR THE NURSES OF BC!

TITLE: Mr. Mrs. Miss Ms. Dr.

FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____ SUITE/PO BOX _____

CITY: _____ PROV: _____ PC: _____

BEST CONTACT TELEPHONE: Work/Home/Cell (____) _____

BEST CONTACT EMAIL: Work/Personal _____

- I would prefer that RNFBC communicate with me via **email** or **mail** .
- I am a **past** , **present** or **future** nurse.
- Please recognize my support anonymously .

2017 DONATION OPPORTUNITIES:

BEST USE \$ _____

Please use my donation where it is the most appropriate.

OPERATING FUND \$ _____

Please use to fund operations or allocate to Operating and Bursaries Reserve in a given year.

LIGHT-A-LAMP FOR KNOWLEDGE \$ _____

Your donation to this newly created initiative can be directed to any of our present bursaries or towards the establishment of the new Light-A-Lamp Bursary available to our applicants in 2018.

SUPPORT A RNFBC NAMED BURSARY \$ _____

Bursary name _____

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

Loved one's name _____

MONTHLY DONORS CLUB

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

*I would like to contribute to the success of RNFBC in any of the above noted support categories with an on-going **monthly** donation which I understand can be discontinued at any time. 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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RNFBC is a
registered charity –
Registration No.
11911 4544 RR0001

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

PLEASE PRINT -
MANY THANKS