Registered Nurses Foundation of BC
Sharing office space with Hervana Collective
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Visit us at www.rfnbc.ca

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

PLEASE PRINT
MANY THANKS

We do not collect, use or disclose your personal information unless you have provided your consent. Information will be used for processing and receipting a donation, distributing donations, recognizing a contribution of responding to your request for information.

YES! I Want to Support Excellence in Nursing Education

I want to support (check one):

❑ Bursary Response Fund Boost in support of: ❑ Student Nurses ❑ RN's

❑ Please use as needed.

❑ Operations Support Fund

❑ Existing Named Bursary Fund (specify fund name) _____

❑ Please contact me about options to create a NEW Named Bursary Fund.

❑ In Memory/Honour of a Loved One or a friend/colleague: (Name)_____

Family contact name, address & email information: _____

_____

Please accept my single gift of:

❑ $50 ❑ $100 ❑ $300 ❑ $500 ❑ $1000 ❑ Surprise us! $_____

OR I prefer to join the Monthly Donors Club and make a monthly gift :

❑ $20/month ❑ $30/month ❑ $50/month ❑ $100/month ❑ Surprise us! $_____/month

FOR MONTHLY GIFTS: I understand that my on-going **monthly** donation can discontinued at any time with notification and that my tax receipt will be issued at the end of each calendar year. Please use the credit card noted below.

PAYMENT INFORMATION

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

OR Charge my ❑ MasterCard ❑ VISA in the amount of $_____

☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER_____ TODAY'S DATE_____

MY CONTACT INFORMATION

TITLE: Mr. ❑ Mrs. ❑ Miss ❑ Ms. ❑ Dr. ❑

FIRST NAME:_____ LAST NAME:_____

ADDRESS:_____ SUITE/PO BOX_____

CITY:_____ PROV:_____ Postal Code: _____

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

BEST CONTACT EMAIL: Work/Personal _____

I am a past ❑ present ❑ or future ❑ nurse.

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

❑ Please recognize my support anonymously.

❑ Please contact me about including a gift to RNFBC in my will and estate plans.