



**Registered Nurses
Foundation of BC**

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E: info@rnfbc.ca
Visit us at www.rnfbc.ca

RNFBC is a registered
charity – Registration

No.119114544RR0001

PLEASE PRINT
MANY THANKS

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

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   in the amount of \$ _____

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Expiry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
																	Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF CARDHOLDER _____

SIGNATURE OF CARDHOLDER _____ TODAY'S DATE _____

MY CONTACT INFORMATION

TITLE: Mr. Mrs. Miss Ms. Dr.

FIRST NAME: _____ LASTNAME: _____

ADDRESS: _____ SUITE/POBOX _____

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.