

## Registered Nurses Foundation of BC

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RNFBC is a registered charity – Registration No.119114544RR0001

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## YES! IWant to Support Excellence in Nursing Education

I want to support	(check one):
Please use a	sneeded
Operations 9	Support Fund
☐ Existing Nam	ned Bursary Fund (specify fund name)
Please	e contact me about options to create a NEW Named Bursary Fund.
☐ In Memory/H	lonour of: (Name)
	NFBC to inform the individual or family of the person, please provide the contact name an l address if email not available):
Please accept my s	single gift of: 00  \$300  \$500  \$1000  Other \$
OR	
FOR MONTHLY GIFTS receipt will be issued  PAYMENT INFORM Please find enclose  OR  If you wish to char  MY CONTACT INFORM  TITLE:   Mr.	rge your gift to a credit card, please contact the administrative staff at 604-739-1944 ext. 261  FORMATION  Mrs. Miss Ms. Dr.
	LAST NAME:
CITV	SUITE/PO BOX PROV:Postal Code:
	LEPHONE: Work/Home/Cell ( )
BEST CONTACT EN  I am a □ past I would prefer □ Please reco	MAIL: Work/Personal