

# YES! I want to make a difference to those living with NF

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I'm enclosing:

\$25     \$40     \$65     \$100     Other \$ \_\_\_\_\_

Title First name Last name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Prov \_\_\_\_\_

Postal code \_\_\_\_\_

Tel \_\_\_\_\_

Email \_\_\_\_\_

Please send me email updates that relate to the activities and events of the BCNF.

Please do not list my name in BCNF recognition materials.

Please make your cheque payable to the BC Neurofibromatosis Foundation

## CREDIT CARD CONTRIBUTION OPTION

Amount of Gift \$ \_\_\_\_\_

Visa     MasterCard

Credit Card Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Expiry Date: \_\_\_\_/\_\_\_\_ Cardholder's Signature: \_\_\_\_\_

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## Yes, I want to be an NF Champion!

### MONTHLY GIVING PROGRAM CONTRIBUTING OPTION

#### NF Champion Monthly Giving Program

I would like to give monthly     \$5     \$15     \$25     \$40     Other \$ \_\_\_\_\_

I authorize BC Neurofibromatosis Foundation to withdraw this monthly donation amount from my bank account.  
**My sample cheque marked "VOID" is enclosed.**

Or

I would like to make a monthly donation by credit card     Visa     MasterCard

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_

Cardholder's Name: \_\_\_\_\_

*Please note:* You may cancel or change your monthly giving donation at any time by simply calling the Foundation office at 1-800-385-3363. Please note that you will receive one income tax receipt annually for the total of your monthly contributions.



**BC Neurofibromatosis Foundation**  
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Toll-free 1-800-385-2263  
[www.bcnf.bc.ca](http://www.bcnf.bc.ca)

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