

2012 MEMBERSHIP

The British Columbia Neurofibromatosis Foundation is committed to empowering and improving the lives of individuals and families affected by neurofibromatosis by providing information and support services, promoting awareness and funding research to improve treatment and find a cure.

To make membership more accessible, individuals memberships are now just \$5 per year.

I want to become a member

I am renewing my membership

Name: Dr. Mr. Mrs. Ms. Miss

Address _____

City _____ Prov _____ Postal

Code _____

Telephone (daytime) _____ Telephone (evenings)

(This information is for our files and is confidential. We do NOT sell our membership list.)

Adult with NF1

Parent of a child with NF1

Friend of BCNF

Adult with NF2

Parent of a child/teen with NF2

Adult with Schwannomatosis

Parent of a child with Schwannomatosis

Year of Child's Birth ____

I wish to be added to the BCNF mailing list to be notified of future events Yes No

Memberships are valid January 1 to December 31.

Individual Membership \$5.00 *(Memberships are not tax deductible.)*

Additional Gift \$_____ *(A tax receipt will be issued for this amount.)*

For Monthly Giving details, please see back.

Total Enclosed \$_____

Please do not list my name in BCNF recognition material.

Enclosed is my cheque or please charge my Visa Mastercard Amex

THE BRITISH COLUMBIA NEUROFIBROMATOSIS FOUNDATION

Box 5339, Victoria, BC Canada V8R 6S4

Toll Free: 1-800-385-BCNF (2263)

Fax: 250-743-2027

Email: info@bcnf.bc.ca Website: www.bcnf.bc.ca

Charitable No. 13104 1352 RR0001

Name on Credit Card _____

Card Number _____
Date _____

Expiry

Signature _____



CHAMPION NF! Join the Monthly Giving Program

On the ___ of each month, I would like to give:

\$10 \$15 \$20 \$25 \$30 Other \$_____

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

Signature: _____ Date: _____

I would like to make a monthly donation by credit card.

CREDIT CARD CONTRIBUTION OPTION

Please charge my donation to my:

Visa MasterCard

Cardholder's Name: _____

Credit Card Number: _____

Expiry Date: ____ / ____

Amount of Gift: \$_____

Cardholder's Signature: _____ Date: _____

Charitable No. 13104 1352 RR0001

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

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