



YES! I want to make a difference to those living with NF. I'm enclosing:

\$40

\$75

\$100

Other \$ _____

Title: First and Last name _____

Address _____

City _____

Prov _____ Postal code _____

Tel _____ Email _____

Please do not list my name in BCNF recognition materials.

PLEASE MAKE YOUR CHEQUE PAYABLE TO: THE BC NEUROFIBROMATOSIS FOUNDATION
Charitable No. 13104 1352 RR0001

SEE BELOW TO CONTRIBUTE BY CREDIT CARD OR TO MAKE A MONTHLY CONTRIBUTION

MONTHLY GIVING PROGRAM CONTRIBUTING OPTION

CREDIT CARD CONTRIBUTION OPTION

Type of credit card:

Visa

MasterCard

American Express

Cardholder's Name: _____

Credit Card Number: _____

Expiry Date: ____/____ Amount of Gift: \$ _____

Cardholder's Signature: _____

MONTHLY GIVING PROGRAM

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

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

I authorize 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.

(Please see information at left.)

Please note: You may cancel or change your monthly giving donation at any time by calling the BCNF at 1-800-385-2263. Please note that you will receive one income tax receipt annually for the total of your monthly contributions.

Thank You for Your Generous Support!
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BC Neurofibromatosis Foundation

Box 5339

Victoria, BC V8R 6S4

Toll-free 1-800-385-2263

www.bcnf.bc.ca