

EMPOWERING INDIVIDUALS WITH NF

☐ Yes, I want to s	upport the Tum	our Foundation	of BC. Please u	se my donation v	vhere it is needed most		
☐ Please direct m	y donation to th	e clinic project.					
I'm enclosing:	□ \$25	□ \$40	□ \$75	□ \$100	□ Other \$		
First Name & Last N	ame:						
Address:							
City:	ty:				Prov:		
Postal code:	Email:						
Phone number:							
Please make yo	□ P	lease do not list	my name in any			/ online at:	
Donations are also	graciously acc	epted by credit	card (both VISA	+ MC)			
Amount of one time	e gift \$						
Credit Card Number	er:						
Cardholder's Nam	e:						
Expiry Date:	/ Cardhol	der's Signature:					

Thank you for your support. We are stronger together!