



Together we can  
face NF

Ensemble nous pouvons  
faire face à la NF

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

I am enclosing (please indicate amount)  \$25  \$40  \$75  \$100  Other: \$\_\_\_\_\_

Dr.  Mr.  Mrs.  Ms.  Miss

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

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Language preference  English  French

I wish to remain **anonymous**

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

A tax receipt for the full amount will be provided. **Thank you for your support!**

Please make your cheque payable to NF Canada.

To contribute by credit card or make a monthly contribution, please see reverse side of this form.

Charitable No. 867396904 RR0001

Please complete this form and mail it to the address below:

**NF Canada**  
P.O. Box 5055  
Victoria, BC V8R 6N3  
Toll-free: 1-888-986-3876  
Email: [office@nfcanda.ca](mailto:office@nfcanda.ca)  
Web site: [nfcanda.ca](http://nfcanda.ca)

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C.P. 5055  
Victoria (C.-B.) V8R 6N3  
Sans frais : 1-888-986-3876  
Courriel : [office@nfcanda.ca](mailto:office@nfcanda.ca)  
Site Web : [nfcanda.ca](http://nfcanda.ca)



## Please charge my credit card

Visa  Mastercard

Name on card \_\_\_\_\_

Card number \_\_\_\_\_ Expiry date \_\_\_\_ / \_\_\_\_

Amount \$ \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Please charge my credit card one time only.

Please charge my card **monthly** for the indicated amount (NF Champions).

## NF Champions Monthly Giving Program

I would like to join the NF Champions year-round by making a monthly donation of:

\$5  \$15  \$25  \$40  Other: \$ \_\_\_\_\_

Fill out the credit card information above. Your donation will be automatically withdrawn from your credit card on the 1st of each month.

## I wish to make a monthly donation by direct debit

I wish to give  \$5  \$15  \$25  \$40  Other: \$ \_\_\_\_\_

I authorize NF Canada to withdraw this monthly donation amount from my bank account.

**My sample cheque marked "VOID" is enclosed.**

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

Your donation will be automatically withdrawn from your bank account on the 1st of each month.

You may cancel or change your monthly donation at any time by calling the NF Canada office at 1-888-986-3876 or by email at office@nfcanda.ca.

You will receive one tax receipt annually for the total of all your monthly contributions.

**Thank you for your support!**