



Neurofibromatosis Society of Ontario

2004 Underhill Court, Pickering Ontario L1X 2M6
Telephone: 905-683-0811 Toll Free: 1-866-THE-NFSO (1-866-843-6376)
www.nfon.ca Charitable # 11905 3775 RR0001



Membership renewals and/or Donations

Membership is payable once per year. It is not considered a donation and is not tax receiptable. Membership entitles you to vote on charity matters and is a requirement for election to the board. For membership renewal, please ensure you have filled out the members profile on the reverse.

Donations help NFSO to support research and to provide services (eg. support meetings, guest speakers, information packages, fundraising and awareness events, etc...) that educate the public and provide support and hope to people with NF. All donations \$10.00 or greater are tax receiptable. We need your full name and address for receipts.

Amount enclosed \$ _____

Membership (\$25 per year)

Donation / General Contribution

Cash (please do not mail cash)

Cheque (payable to: Neurofibromatosis Society of Ontario)

I would like to pay by VISA. (complete form below.)

Card Number _____

Expiry: _____

Signature: _____

Name: _____

Address: _____

THANK YOU FOR SUPPORTING NFSO
Research, Education, Support, Hope

MEMBER'S PROFILE

In our efforts to meet the needs of our current members and offer the best support for newly diagnosed individuals wanting and needing support, we are asking you to take a moment to complete the information below.

We support events throughout the province and take part in awareness campaigns, and offer information sessions. It is not possible for all our members to meet in person and share a common interest so they must rely on the telephone, mail or email. This network offers emotional support and the sharing of information with other members seeking support.

NAME: _____

ADDRESS: _____

TELEPHONE: () _____ FAX: () _____

EMAIL: _____

I would like to connect with (check as many as you like)

_____ Adults with NF1

_____ Adults with NF2

_____ Parents of children with NF

_____ Parents of teens with NF

_____ Support Group in _____ (if available)

_____ Other: _____

Briefly describe yourself and your situation: _____

I would like to be contacted by a NF Executive _____

I authorize the NFSO to share the information above with other members.

Signature: _____ Date: _____