



Membership & Donation Form

Neurofibromatosis Society of Ontario

Personal Information:

Title: Mr. Mrs. Ms. Dr. Address: _____
First Name: _____
Last Name: _____ Unit/Apt: _____
Telephone: (_____) _____ City/Town: _____
E-mail: _____ Province: _____ Postal Code: _____

I would like to become a member at a cost of \$10 per year: (Check one)

Yes No (Membership fees are not considered a donation)

I would like to make a single gift contribution of: (Check one)

\$10 \$25 \$50 \$100 Other _____

Please direct my donation towards (Check one): General Fund Awareness* Research*

All donations greater than \$10 will be sent a tax receipt I would like to receive my receipt by e-mail
* 15% of donation will be retained for admin costs. I would like to receive my receipt by postal mail

I would like to be contacted by e-mail to receive updates and information about NFON news and events
 I would like my donation to remain anonymous
 This donation is in honour of / in memory of: _____

Payment Information:

I would like to pay by: (Check one) Total Amount Payable: \$ _____

Visa MasterCard Cheque (Payable to "Neurofibromatosis Society of Ontario")

Name on Card: _____

Card Number: _____

Expiry Date (MM/YY) _____ Signature: _____

NFON is a charity run entirely by volunteers and relies on donations and fundraising to maintain its operation. Donations are used to support research and to provide services such as: support meetings; information packages; and awareness events that educate the public and provide support and hope to people with NF. **Thank you for your support.**

Please mail this form and payment to:

Neurofibromatosis Society of Ontario
PO Box 91119 Bayview Village
Willowdale, ON M2K 2Y6

Tel: 905-683-0811 Toll Free: 1-866-843-6376
www.nfon.ca Charitable # 11905 3775 RR0001