**Donations**

**To the**

**Registered Psychiatric Nurses Foundation Inc.**

**Donation through the CRPNM debit plan**

I wish to donate to the Registered Psychiatric Nurses Foundation Inc. through the CRPNM debit plan. I am/was registered with the CRPNM. My registration # is/was \_\_\_\_\_\_\_.

I wish to donate the following amount from February to October (included) each year until such time as I notify the CRPNM that I wish my name to be taken off the debit plan:

$5 \_\_\_\_ $10 \_\_\_\_ $15\_\_\_\_ $20\_\_\_\_ $25\_\_\_\_ Other amount \_\_\_\_\_\_\_\_

I enclose a cheque marked VOID that includes my chequing account information.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name

**THANK YOU!**

A tax deductible receipt will be issues before the end of February for the previous year’s donations.

Send the form to:

CRPNM

1854 Portage Avenue, Winnipeg, Manitoba R3J 0G9