**Donations**

**To the**

**Registered Psychiatric Nurses Foundation Inc.**

**A Monthly or Annual donation**

I wish to make a **regular monthly donation** to the RPNFoundation Inc. \_\_\_\_\_\_\_

I wish to make a **regular annual donation** to the RPNFoundation Inc. \_\_\_\_\_\_\_

I wish to make a **one-time donation** to the RPNFoundation Inc. \_\_\_\_\_\_\_

A tax deductible receipt will be issued for any donations of $10 or more. Such receipts are issued before the end of February for the previous year’s donations.

I am making a donation by cheque: \_\_\_\_\_\_\_\_\_

I am making a donation by credit card: Credit card type: Visa \_\_\_\_\_\_ Mastercard \_\_\_\_\_\_\_

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiry date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A tax deductible receipt for a charitable donation of \_\_\_\_\_\_\_\_\_\_ (enter amount) should be issued to:

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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:

RPNF

1854 Portage Avenue, Winnipeg, Manitoba R3J 0G9