



## Membership & Donation Form

Name: \_\_\_\_\_

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

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

Phone: Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_

Fax: \_\_\_\_\_

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

### Membership Type:

Adult (\$25/year)       Senior (\$10/year)

### Please select how you would like to make a Donation:

**Cheque/Post Dated Cheques** made payable to:  
North Shore Health Research Foundation  
P.O. Box 86639, North Vancouver, BC V7L 4L2

**Credit Card**

I would like to donate:

\$100    \$500    \$1,000   Other \$ \_\_\_\_\_

I would like to donate    Monthly    Yearly

\$100    \$500    \$1,000   Other \$ \_\_\_\_\_

Visa       MasterCard       American Express

Card# \_\_\_\_\_

Expiry Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

**Donors Circle**

You can join our Donors Circle with a donation of \$500 or more. With your permission, we will recognize you for your donation in any printed materials, web site and annual report.

**Visionary** \$25,000+       **Patron** \$10,000 to \$24,999

**Leader** \$5,000 to \$9,999       **Partner** \$2,500 to \$4,999

**Builder** \$1,000 to \$2,499       **Friend** \$500 to \$999

Please send the completed Donation Form by:

**Fax:** (604) 983-4263

Or

**Email:** [admin@northshorehealthresearch.ca](mailto:admin@northshorehealthresearch.ca)

Or

**Mail to:**

North Shore Health Research Foundation

P.O. Box 86639, North Vancouver, BC V7L 4L2

Telephone: (604) 984-4222

(Tax receipt sent for all donations over \$25.)

Charitable Registration # 11902 0915 RR0001

**Thank you for your continued support and generosity.**