

CANADIAN ASSOCIATION FOR PARISH & FAITH COMMUNITY NURSING MINISTRY ORGANIZATIONAL MEMBERSHIP FORM

2023	☐ New	☐ Renewal	
Name of (Organization:		
Name of (Contact Person:		
Preferred	Salutation: ☐ Dr	. 🗆 Mr. 🗆 Mrs. 🗆 Miss 🗆 Ms 🗆 Rev. 🗆 Sr. Other 🗆	
Please sta	ite Other:		
		City:	
Province/	Territory:	PC:	
Email:			
Tel :		Fax:	
Denomina	ation:	Date:	_
Faith Com	nmunity Address:		_
	Fe	es for January 1st to December 31st, 2023 – \$100.00	
	*:	** Please check the category to which you belong: ***	
	ommunity (formerly or diocese)	recognized faith community such as a congregation, presbytery, district, national office,	
☐ Organiz categor		tion interested in the parish nursing ministry, not included under any other membership	
	<u>Please</u>	Consider SPONSORSHIPS & DONATIONS	
	GOLD:	☐ An annual \$2,500 and up sponsorship to CAPNM	
	SILVER:	☐ An annual \$1500 - \$2,499 sponsorship to CAPNM	
	BRONZE:	☐ An annual \$500 - \$1,499 sponsorship to CAPNM	

Details at: www.capnm.ca/sponsors.htm



CAPNM is Celebrating its 25th Anniversary in 2023!!

Please consider giving a gift of \$25.00 for 25 years, to help CAPNM continue its ministry work across Canada. For your additional donation of \$25.00, you will receive a beautiful CAPNM tote bag.

Because of CRA regulations, a tax receipt for \$15.00 will be issued for this donation.

Charitable No: 86100 6534 RR 0001



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YES! Our organization would like to support the Canadian Association for Parish Nursing Ministry by making a donation of : ☐ \$25 for the CAPNM 25th Anniversary (including tote bag) Because of CRA regulations, a tax receipt for \$15.00 will be issued for this donation. ☐ \$25 for the CAPNM 25th Anniversary (no tote bag) If you would like to make a \$25.00 donation but would prefer to not have a tote bag, a \$25.00 tax receipt will be issued. □ \$50 □ \$100 □ \$500 ☐ Other (specify amount) \$ _ Tax deductible receipts will be issued for donations of \$10.00 or more. I would like to have my Sponsorship / Donation recognized on the CAPNM website: Yes \Box No \Box Make cheque payable to "CAPNM" and mail to: **Christine Fournier** 19 Dufferin Street, P.O. Box 302 Burford, Ontario NOE 1A0 E-mail: capnm.secretary@gmail.com Telephone: 226-922-1807 E-transfer available: send to capnm.secretary@gmail.com and email password answer to same.

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