

# Clinical Nurse Specialist Foundation

## Donor Information:

Donor(s) \_\_\_\_\_  
(as you wish to be listed publicly)  Check here if you wish to remain anonymous

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_ Email \_\_\_\_\_

## Gift Commitment:

I/we wish to contribute to the Clinical Nurse Specialist Foundation. My total gift, payable over five years, will be:

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$ 5,000 | <input type="checkbox"/> \$ 1,000 | <input type="checkbox"/> \$ 250   |
| <input type="checkbox"/> \$ 3,000 | <b>"1,000 at \$1,000"</b>         | <input type="checkbox"/> \$ 100   |
| <input type="checkbox"/> \$ 2,500 | <input type="checkbox"/> \$ 600   | <input type="checkbox"/> \$ _____ |
|                                   | <input type="checkbox"/> \$ 500   |                                   |

I/we understand that all gifts are tax deductible to the extent allowed by law. The Clinical Nurse Specialist Foundation is registered as a charitable organization under IRC 501(c)(3) (tax ID# \_\_\_\_\_).  
**Please send all contributions to: *The Clinical Nurse Specialist Foundation, 2090 Linglestown Road, Suite 107, Harrisburg, PA, 17110.***

## Payment Options:

I prefer to make \_\_\_\_\_ payment(s), beginning \_\_\_\_\_ (month/year) over a period of \_\_\_\_\_ (1-5) years, on the following schedule:

- Monthly  Quarterly  Semi-annually  Annually

My first check is enclosed, made payable to ***The Clinical Nurse Specialist Foundation***   
Please charge my credit card automatically for each payment (complete information below).

**Credit Card Information:**  VISA  MasterCard  American Express  Discover

Account # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

The official registration and financial information of The Clinical Nurse Specialist Foundation may be obtained from the **Pennsylvania** Department of State by calling toll-free, **within Pennsylvania, 1-800-732-0999**. Registration does not imply endorsement.