



Donation Form

I wish to support the Foundation for Nursing Excellence in the following way:

- ✓ One time donation of \$_____
- ✓ Pledge of \$_____ per year for ____ years, for a total of
\$_____

Make checks payable to "Foundation for Nursing Excellence"

To receive an acknowledgement letter, please complete the information below:

Name: _____

Address: _____

City/State/Zip: _____

Email: _____

Phone number: _____

Signature: _____

Date: _____

Mail donations to: Foundation for Nursing Excellence
P. O. Box 31824
Raleigh, NC 27622
Tax ID# 30-0105241

Thank you for your support. All donations are tax deductible to the extent permitted by law.