

5000 N Willamette Blvd. MSC 192 Portland, OR 97203
www.oregoncenterfornursing.org



PLACE
STAMP
HERE

Oregon Center for Nursing
5000 N Willamette Blvd. MSC 192
Portland, OR 97203



Oregon Center for
NURSING

YES, I WANT TO SUPPORT NURSING!

All donations are tax deductible as permitted by law. Tax ID 74-3052430

DONATION INFORMATION

- One time gift \$ _____
- Monthly pledge of \$ _____ per month for _____ months
- Annual donation of \$ _____ per year for _____ years

This gift is: a personal donation a corporate donation

- I would like information on volunteer opportunities

DONOR INFORMATION

Name _____ Company (if corporate gift) _____

Address _____ City _____ ST _____ Zip _____

Phone (____) _____ - _____ Email: _____

PAYMENT METHOD (you can also donate online: www.oregoncenterfornursing.org)

Check payable to **Oregon Center for Nursing**

Credit Card: _____ Exp. ____/____ V-code _____ (3 digit code on back)

Signature _____ Date ____/____/____

Thank you for your support!