



OF NEW YORK STATE NURSES  
History ■ Public Education ■ Research

# Donation Form

Mail to: Sheree Fisher, Office Manager  
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## Memberships

Memberships are valid for one year and may be directed to a specific fund. If no fund is specified, your donation will be placed in the General Operating Fund to support all three centers.

- |                                                |                                                                                            |
|------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Friend \$25           | <input type="checkbox"/> General Operating Fund                                            |
| <input type="checkbox"/> Sponsor \$50          | <input type="checkbox"/> Bellevue Alumnae Center for Nursing History                       |
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| <input type="checkbox"/> Benefactor \$1,000    | <input type="checkbox"/> Institute for Nursing: <i>Workforce Center for New York State</i> |
| <input type="checkbox"/> Other Amount \$ _____ | <input type="checkbox"/> Central New York Nurses Center for Nursing Research               |

My check for \$ \_\_\_\_\_ is enclosed, made payable to the FOUNDATION OF NEW YORK STATE NURSES

Please charge my credit card:  Visa  Master Card for \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CCI \_\_\_\_\_

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**Thank you for your support!**

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