



# Donation Form

Date: \_\_\_\_\_

Contact  
Name \_\_\_\_\_

Organization \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

City/ST/Zip \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_  
\_\_\_\_\_

E-mail  
Address \_\_\_\_\_  
\_\_\_\_\_

Attached is my investment in the Oregon Center for Nursing in the amount of:

- \$ \_\_\_\_\_ Friend of OCN \$5- \$50
- \$ \_\_\_\_\_ Bronze Donor \$51 - \$150
- \$ \_\_\_\_\_ Silver Donor \$151 - \$500
- \$ \_\_\_\_\_ Gold Donor \$501- \$1,000

\$\_\_\_\_\_Platinum Donor \$1,000 +

Organization Donation\_\_\_\_\_

Personal

Donation\_\_\_\_\_

Please mail to: The Oregon Center for Nursing: 5000 N.  
Willamette Blvd. Portland, OR 97203

*Thank you for supporting the Oregon Center for Nursing, a 501(c) 3  
charitable organization. Tax ID 74-3052430. Donations are tax deductible  
to the extent permitted by law.*