



Please mail this form and your check to:
Oregon Center for Nursing
Buckley Center, Room 362
5000 N. Willamette Boulevard
Portland, OR 97203-5798
FED ID: 74-3052430

Please PRINT all information clearly:

Date: _____

Enclosed is my check in the amount of \$ _____ payable to the **Oregon Center for Nursing**.

My name: _____

Address: _____ Home phone: (____) _____

Address: _____

City/State/ZIP: _____

(Receipt will be sent to the address above)

TYPE OF DONATION (please choose one):

General Donation

Gift in memory of: _____

(Name of deceased)

Send acknowledgement card to:

Name: _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed: _____

(Name or names)

Thank you for your support.
Your contribution is tax-deductible.