HONOR A KANSAS NURSE

The Kansas Nurses Foundation (KNF) invites you to honor a Kansas Nurse. Your gift of $50.00 or more will give recognition to a Kansas Nurse. His/her name will be announced in local newspapers and appropriate media, along with your name and message (as you determine). In addition, a poster will be shown at the KNF booth at the Annual KSNA convention and Nurses Day At the Legislature and will list the names of the honored nurses and your message.

Your donation supports the mission of the Kansas Nurses Foundation to receive and manage funds to support nursing education and scientific activities of Kansas nurses through scholarships, loans and research grants. A donation may be made by an individual or by a group.

To honor your nurse, complete the form, “Honor A Kansas Nurse,” on the reverse of this message and send it with your donation of $50 or more to the:

KANSAS NURSES FOUNDATION
PO Box 3899
Topeka, Kansas  66604
HONOR A KANSAS NURSE

Please honor: Name/Credentials: (Print clearly) Date________

Comments to include with your gift: (25 words or less. Print clearly)
__________________________________________________________
__________________________________________________________
__________________________________________________________

Send notification of gift to honoree:
Address____________________________________________________
City/State/Zip________________________________________________
Phone:______________________ Email __________________________

Permission for public announcement: Yes___ No___
Notify the following newspaper for release (address, website, or email)
__________________________________________________________
__________________________________________________________

Donor name/credentials_____________________________________
Address____________________________________________________
City/State/Zip________________________________________________
Home Phone ____________________ Work Phone____________________
Email:_________________________ Fax _________________________

___Self nomination

I want my name to appear as donor:
___Show donor as _____________________________
___Do not show a donor

My donation of $50.00 or more is enclosed.
Make payable to: Kansas Nurses Foundation

Send to: KANSAS NURSES FOUNDATION
PO Box 3899
Topeka, Kansas 66604