



**Yes! I want to help ensure Nebraskans receive the healthcare they deserve by committing to a tax-deductible gift to the NAC's Future of Nursing campaign.**

Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_

\_\_\_\_\_ I am making a one-time gift in the amount of \$\_\_\_\_\_  
\_\_\_\_\_ Payment is enclosed \_\_\_ Charge my credit card\* a one-time payment.  
\_\_\_\_\_ I will pay this pledge over the next year.  
\_\_\_\_\_ I wish to become a member of Nebraska Action Coalition (Please submit a donation of \$50 or \$25 if already a member of a professional nursing organization)

Enclosed is my initial gift of \$\_\_\_\_\_, or first payment may be expected by \_\_\_/\_\_\_/2012 (Date).

\_\_\_\_\_ Recurring: Please charge my credit card\* a payment of \$\_\_\_\_\_  
and then \_\_\_ Monthly \_\_\_ Quarterly \_\_\_ Semi-Annually  
this same amount until \_\_\_\_\_ (mm/dd/yyyy).

**Payments by Credit Card:**

(circle one) MasterCard VISA American Express Discover

Account Number: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

\*Note: Your credit card statement will list VNA of the Midlands as payee

\_\_\_\_\_ My/our gift is made in memory/honor of:  
\_\_\_\_\_

\_\_\_\_\_ Yes! My company matches employee gifts. I have enclosed a signed matching Donation Form from my employer (if applicable).

\_\_\_\_\_ I would prefer that this contribution and/or my name be kept confidential. Thank you!

\_\_\_\_\_ I am interested in volunteering my time toward this important effort.

**Please remit completed form and payment (if applicable) to:**

Visiting Nurse Association  
Attn: Nebraska Action Coalition  
12565 W Center Rd., Suite 100  
Omaha, NE 68144

[WWW.NEACTIONCOALITION.ORG](http://WWW.NEACTIONCOALITION.ORG)  
Phone: 402-830-7769 Fax: 402-930-4077