

YES! *I want to contribute to the Foundation for Addictions Nursing*

- Platinum Patron - \$500 & up* *Gold Guardian - \$300-\$499* *Silver Supporter - \$200-\$299*
 Bronze Benefactor - \$100-\$199 *Fan of FAN \$25-\$99* *Other Foundation Contribution Amount: \$_____*

Donation

All donors will receive a letter of appreciation, suitable for tax purposes (FAN is a tax-exempt organization under section 501 (c)(3), and a Public Charity under sections 509(a)(1) and 170 (b)(1)(A)(vi) of the Internal Revenue Code.)

Bronze Benefactors, Silver Supporters, Gold Guardians, and Platinum Patrons are eligible to receive an attractive Foundation of Addictions Nursing lapel pin.

Personal Information

Name: _____

Employer: _____

Home Address: _____

City/State/Zip: _____

Daytime Telephone #: _____

Email: _____

Please check your method of payment:

- Check
 Credit Card

*Make check payable to
Foundation for Addictions Nursing*

Credit card information below.

Credit Card Information

Account Number: _____

Expiration Date: _____

Billing Street Address & Zip: _____

Name on Card: _____

Credit Card Payment Method:

- VISA
 MasterCard

When paying with a credit card, the following paragraph must be read and a signature is required or the registration will not be accepted.

By submitting this contribution form, I hereby direct and authorize the Foundation for Addictions Nursing to charge my contribution to my credit card as directed above.

Print Name: _____

Signature: _____

Date: _____

If paying by credit card, please complete all information and sign authorization statement before returning.

Complete form and return to:

The Foundation for Addictions Nursing
P.O. Box 14846
Kansas, KS 66285-4846