



## 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 news papers 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 5991  
Topeka, Kansas 66605



## HONOR A KANSAS NURSE

Please honor: Name/Credentials: (Print clearly)

Date \_\_\_\_\_

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

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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)

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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 5991

Topeka, Kansas 66605