Name:						Check here if you prefer to be excluded from our published list of donors.			
Address:									
Phone:	Email: _			:					
	☐ Home ☐ Busir	ness 🗌 Cell		☐ Please send my	se send my receipt electronically, if possible.				
Where wo	ould you like to d	esignate you	gift?						
	's Fund for Excell	agement Fund	nt Fund Faculty Initiatives Fund						
Nursing Annual Scholarship Fund Clinical Peri				rformance Lab	Othe	er:			
How much	n would you like	to give?							
\$100	-	\$500	\$1,000	Other: \$					
Would you	u like to make yo	our aift onaoir	na?						
		•	•	until	(date) or	ongoing	until furthe	r notice	
Monthly: I will give \$ every month, until Quarterly: I will give \$ every 3 months, until						0 0	until furthe		
	one-time gift.		,		<i>``</i>	3 3			
How woul	d you like to ma	ke vour aift?							
	•		leu.edu/netco	ommunity/nursing	<i>aaivina</i> to n	nake vour d	lonation to	dav.	
	k – please make į				,5 5	,		,	
Credi	t Card – Visa, Ma	asterCard, Am	erican Expres	s, and Discover a	ccepted.				
Credit Card #						Ехр.	Date		
Name on Card				Signati	ure				
Direc	t Debit – please	complete the	section belov	v, or enclose a voi	ided check				
Bank Routing #									
Bank Name							Savings	Other	
Name on Account									
				shortly following t					