



Support A Nurse

~ HPNF deeply appreciates your generous support for our scholarships, grants & awards for hospice and palliative nursing professionals ~

Name _____

HPNA Member # (optional) _____ Certification # (optional) _____

Street Address _____

City _____ State _____ Zip _____

Email Address (optional) _____ Phone (home/mobile) _____

I am making the following gift:

- \$500 \$100 \$50 other \$ _____

I am interested in making a pledge and joining this Giving Circle:

(HPNF will contact you upon receiving this indication of interest using the email address supplied above)

- Florence Wald Fellows Sustainer's Circle Builder's Circle Physician Circle More information please

Enclosed is my check made payable to *HPNF* for:

Check amount:

Check #:

Check date:

PLEASE MAIL to HPNF, One Penn Center West, Suite 425, Pittsburgh, PA 15276.

Special Request

- I/we prefer that my/our gift remain anonymous.
 I/we are interested in volunteering for campaigns to support professional development opportunities for HPNA & NBCHPN® nurses.

Recognition

I am making my gift in tribute to (name will be listed on HPNF 2014 Annual Report):

Please list my name as the following for donor recognition purposes:

Gift Designation

HPNA encourages unrestricted gifts which will be designated at the discretion of HPNF to make the greatest campaign impact. If you wish to designate your gift to a specific purpose, please do so here

- Unrestricted
 Restricted to Conference Scholarships
 Restricted to Education Scholarships
 Restricted to other : _____ (please specify)

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