



The Nightingale Tribute Contribution Form

(Contribution envelopes can be obtained from Nurses Foundation of Wisconsin, Inc. by phoning 1-800/362-3959 ext. 10)

IN MEMORIAM OF _____

NAME _____

ADDRESS: _____

CITY: _____

Enclosed is my tax-deductible contribution in the amount of \$ _____

Cash Check Credit Card Number _____

MasterCard American Express Visa

Expiration Date _____

Signature

Date

Forward to
NURSES FOUNDATION OF WISCONSIN, INC.
6117 MONONA DRIVE, SUITE 1
MADISON, WI 53716