



**Celebrate 20 years by
donating to the
Nursing 2000
Scholarship Fund:**

- \$1.00 for each year = \$20
- \$5.00 for each year = \$100
- \$20.00 for each year = \$400
- \$50.00 for each year = \$1,000
- \$100.00 for each year = \$2,000
- Other amount: _____

Make check payable to **Nursing 2000** and send to:

Nursing 2000
9302 N Meridian St, Ste 365
Indianapolis, IN 46260

Opportunity to recognize a nurse—see reverse side

Recognize a Nurse by donating to the Nursing 2000 Scholarship Fund

Your honoree will receive a letter indicating the gift that you have made to support nursing scholarships in his/her honor.

Donor Name _____

Address _____

City _____ State ____ Zip _____

I wish to remain anonymous

Amount of Gift: \$50 \$100 \$200 Other: _____

This gift is:

in recognition of _____

in memory of _____

Send gift notification to:

Name _____

Address _____

City _____ State ____ Zip _____

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Your gift is tax deductible to the full extent allowed by the law.