

# APRN Taskforce/KSNA 2009 Pledge Form

Name \_\_\_\_\_ Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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**Please record this pledge of \$ \_\_\_\_\_**

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### **Payment Options—*please select one method***

\_\_\_\_\_ Check/Money Order enclosed (Payable to APRN Taskforce/KSNA)

\_\_\_\_\_ Charge my gift to my credit card (*Type of card—please circle, VISA, MasterCard only*)  
Number \_\_\_\_\_  
Exp. Date \_\_\_\_\_  
3-Digit Code on back of card \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_\_ Payment option (for pledges \$300 or over)  
Please bill me \$ \_\_\_\_\_ for the next 3 months

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\_\_\_\_\_ Please make my donation “Anonymous” in all records maintained by the APRN Taskforce/KSNA

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*Feel free to contact Ronda Eagleson or Susan Bumsted if you have questions by emailing [ksna@ksna.net](mailto:ksna@ksna.net) or calling 785-233-8638 regarding the ARNP Taskforce or your donation. Please note: donations are **NON tax deductible** due to support of lobbying efforts.*

***Please return this form to  
Kansas State Nurses Association—APRN Taskforce Donation  
1109 SW Topeka Blvd  
Topeka, Kansas 66612***