## Tax Deductible Donation

Yes, I want to support FCNA OK's work to bring better health to people served through Faith Community Nursing in Oklahoma. I want to make this gift to honor someone important to me.

Select Gift Amount

| \$25.00<br>\$50.00<br>\$100.00<br>\$250.00<br>\$500.00<br>Enter other amount. \$ |            | Make Check to: Faith Community Nurses Association  Mail Check to: Lana Bolhouse, Treasurer 14209 SE 75th Oklahoma City, OK 73150 | Faith Community NURSE ASSOCIATION OF OKLAHOMA |
|--|------------|--|---|
| Tribute Information * Honoree Name:  |            |  |   |
| Person to Notify - * Name:   |            |  |   |
| * Street 1:  |            |  |   |
| Street 2:  |            |  |   |
| * City:  | * State: _ | * ZIP/Postal Co  | ode:  |
| Payee Information (Please Print)   |            |  |   |
| * First Name:  |            |  |   |
| * Street 1:  |            |  |   |
| Street 2:  |            |  |   |
| * City:  |            |  |   |
| * Email Address:   |            |  |   |
| * Phone:   |            |  |   |