

NC Nurses Political Action Committee ☆☆CONTRIBUTION CARD☆☆



**YES, I want to move
Nursing Forward®**

Name: _____

Address: _____

City: _____ ST: _____ ZIP: _____

Email: _____

*Please return this card with your contribution to: NC Nurses PAC
4350 Lassiter at North Hills Avenue, Suite 250, Raleigh, NC 27609
Paid for by NC Nurses PAC.*

SELECT CATEGORY

- Nurse Hero Club.....\$1,000
- Nurse Champion Club\$500
- Nurse Leader Club\$250
- Nurse Activist Club\$100
- Sustaining Member.....\$10/mo
- Other Amount: _____

PAYMENT OPTIONS

Please charge to my: VISA MasterCard

Card #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Make check payable to **NC Nurses PAC.**

Enclosed Check #: _____