

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 _____/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 #: _____