



# Donation Form

The mission of the ENA Foundation is to provide educational scholarships and research grants in the discipline of emergency nursing. To fulfill this mission, the ENA Foundation awards academic scholarships, continuing education awards and research grants. The funding for these programs is a direct result of the contributions received from donors like you.

## Donor Information

This gift is from:  Individual  ENA State Council/Chapter  Organization

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

ENA State Council/Chapter: \_\_\_\_\_

Preferred Phone: (        ) \_\_\_\_\_ Alternate Phone: (        ) \_\_\_\_\_

Primary Email Address: \_\_\_\_\_  Home  Business

## Designation (please select one)

Area of Greatest Need

Scholarships

Research Grants

Other: \_\_\_\_\_

## Special gift information (optional)

My donation is  in Honor of:  in Memory of:

Individual's name: \_\_\_\_\_

### Please send acknowledgement of this donation to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP/postal code: \_\_\_\_\_

Province: \_\_\_\_\_ Country: \_\_\_\_\_

## Contribution and Payment Options

Contribution Amount: \$ \_\_\_\_\_

Check or money order (payable to ENA Foundation in U.S. dollars only)  Credit Card

Credit Card number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Name: (as it appears on your credit card) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Please mail to:

ENA Foundation, 930 E. Woodfield Road, Schaumburg, IL 60173

Questions? Call 847.460.4100 or email us at [ENA.Foundation@ena.org](mailto:ENA.Foundation@ena.org)

**Thank you for your generosity!**