

The Future of Nursing in Louisiana: *Campaign for Action*
Sponsorship Form

Company/Organization Name: _____
(as it appears on printed materials)

Contact Name and Title: _____

Contact Mailing Address: _____

Phone: _____ Email: _____

Logo included in print materials: Yes ____ No ____

Contact person for logo (name and email address): _____

Payment (choose one):

1. Enclosed is my check in the amount of (circle one) \$2,000 \$1,000 \$500 other \$ _____
made payable to the Louisiana State Board of Nursing – Center for Nursing.
2. Send me an invoice for \$ _____ during the month of _____.

**All funds received will be used to carry out the work of The Future of Nursing in Louisiana
*Campaign for Action.***

Please mail your donation
along with this form to:

The Louisiana State Board of Nursing
Center for Nursing
17373 Perkins Road
Baton Rouge, LA 70810
Attn: The Future of Nursing in Louisiana *Campaign for Action*

Please contact Dr. Cynthia Bienemy at (225) 755-7563 or fnlca@lsbn.state.la.us or Denise
Bottcher at dbottcher@aarp.org or (225) 376-1145 if you have any questions.

Thank you for your support of The Future of Nursing in Louisiana: *Campaign for Action!*