

MLN CHARITABLE TRUST
Donation Form

Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____

- Yes, I want to share in Missouri League for Nursing's mission to support the delivery of quality health care to nurses and other health care providers through education, collaboration, and information.

GIFT: I have enclosed my check in the amount of: *(Please check one)*

- \$25 \$50 \$100 \$250 Other \$ _____

MEMORIAL GIFT

In MEMORY of: _____

TRIBUTE GIFT

In HONOR of: _____

GIFT DESIGNATION OPTIONS

Please complete those sections that apply to your donation.

This gift is to the:

- Scholarship Memorial Fund
- Development Fund
- Endowment Fund
- Building Fund
- Area of Greatest Need Fund

OTHER GIFT OPPORTUNITIES

I/we have included MLN Charitable Trust in my/our estate plans to benefit the

- Scholarship Memorial Fund Development Fund
- Endowment Fund
- Building Fund
- Area of Greatest Need Fund

The method of this planned gift is through:

- Bequests in Will
- Gifts of Securities
- Real Estate/Tangible Property
- Life Insurance
- Charitable Remainder Trust
- Unitrusts and Annuities

(Optional) Please notify the following of my gift:

Name: _____
Relationship: _____
Address : _____
City, State, Zip: _____
Telephone: _____

(Required) Please complete the information below about yourself:

Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____

Please make check payable to MLN Trust. Enclose your check with this form and return to MLN, PO Box 104476, Jefferson City, MO 65110.

Signature: _____ Date: _____