



COMMONWEALTH LONG TERM CARE FOUNDATION

Yes, I will pledge a tax deductible gift to the Foundation. I understand my gift will be used exclusively for Nurse Scholarships.

- \$25
- \$50
- \$100
- \$250
- \$500
- \$1,000
- other \$ _____

Please charge to my credit card

PAYMENT OPTIONS

- Check Enclosed
- MasterCard/Visa

Account # Expiration Date

Three Digit Card Verification Code *(on back of credit card)*

Cardholder's Name

Signature

Credit Card Billing Address

City, State, Zip Code