



# Sigma Theta Tau International Foundation for Nursing®

## Yes, I want to join the Vision Society!

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Fund designation

- Research: Supports STTI's small and collaborative research grants.
- Leadership: Supports member attendance to STTI educational and leadership events and membership subsidies.
- Future: Supports emerging initiatives to advance STTI's mission.

### Gift amount

Please accept my monthly donation in the amount of US \$\_\_\_\_\_ (\$25 minimum) to be processed on the  1<sup>st</sup> or  15<sup>th</sup> (please select one) of the month.

### Payment information

\_\_\_\_\_ Please charge my credit card listed below.

MasterCard     Visa     Discover     American Express

Card No. \_\_\_\_\_ Exp. date \_\_\_\_\_

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

\_\_\_\_\_ Please deduct amount from my checking account. A voided check is enclosed.

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

Please mail your tax-deductible donation with this form to STTI Foundation  
550 West North St  
Indianapolis, IN 46202