

# 2023 Holy Name Sister Claire Tynan School of Nursing Alumni Association Annual Scholarship Campaign

DONATE ONLINE AT HOLYNAME.ORG/ALUMNI OR COMPLETE & RETURN THIS CARD

PLEASE PRINT NAME

MAIDEN NAME

CLASS YEAR

ADDRESS

CITY

STATE

ZIP

E-MAIL

MOBILE PHONE

**DONATE \$1,000 & NAME A SCHOLARSHIP IN HONOR OF/IN MEMORY OF A LOVED ONE**

\_\_\_\_\_ \$1,000 Named Scholarship Award In Honor/Memory Of \_\_\_\_\_

\_\_\_\_\_ \$50 Donor \_\_\_\_\_ \$100 Supporter \_\_\_\_\_ \$250 Advocate \$ \_\_\_\_\_ Other Amount

ENCLOSED IS MY CHECK FOR \$ \_\_\_\_\_ PAYABLE TO HOLY NAME FOUNDATION

PLEASE CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ \_\_\_\_\_

AMEX \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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NAME ON CREDIT CARD \_\_\_\_\_ EXP DATE \_\_\_\_\_