THIS IS WHERE KNOWLEDGE AND COMPASSION MEET.

THIS IS AUBURN.

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THIS IS AUBURN.

The Dean's Nightingale Club is a way
for friends and alumni of the Auburn
University School of Nursing to
influence the academic experiences
of our students. Financial support
through this premier donor society
will help us to:

- Recruit and retain outstanding faculty, including
  the resources for professional development;
- Assist students with scholarships and remarkable
  learning opportunities in clinical settings in the U.S.,
  as well as Spain, Africa, and Ecuador; and
- Maintain the currency of curriculum and clinical
  simulation areas, such as the Nursing Resource Center
  where technology enriches the learning experience.

Membership in the club is an
investment in the future – the
future of nursing education at
Auburn. As a club member, you
will receive:

- A lapel pin
- Invitations to members-only Nightingale Club events,
- Recognition on donor plaque in Miller Hall,
- Special acknowledgement in printed and electronic
  publications, and
- The opportunity to lease a parking spot near Miller Hall
  for Auburn home football games. (Only available at
  Dean's Level and based on availability.)

To learn more about this exclusive offer, send an email to
supportnurses@auburn.edu or
call 334-844-7390.

Gregg E. Niemcikewicz
Barbara S. Witt Professor and Dean

Last name: ______________________ First name: ______________________
Street Address: ______________________ City: ______________________
State: ______________________ Zip: ______________________ Home phone: ______________________
Work phone: ______________________ Cell phone: ______________________
Email: ______________________

Display my name on the plaque as: (please print clearly)

My gift of: □ $1,000 Dean's Level
d € 500 Associate Dean's Level

Don't forget the match. Your employer may double or triple your gift. Log on to
www.matchinggifts.com/auburn to find out if your company matches gifts.

Company name (if small print)

I will pay by:

□ Check, payable to Auburn University Foundation

Credit/Debit Card

Credit Card Number: ____________
Exp. Date: ________
Secrecy code: ____________

Signature(s):

Bank Draft Agreement

I authorize ** the Auburn University Foundation to initiate debit entries to the account indicated below
and authorize the financial institution named below to debit the same to such account.

Monthly gift to be debited: □ $41.67 ($500/yearly) □ $63.34 ($1,000/yearly)

Name on account:

Account #: ______________________
Financial institution: ______________________
Routing #: ______________________

City, State, Zip: ______________________

Signature(s): ______________________ Date: ________

Please be sure to provide a voided check from the account you wish debited.

** The authorization will remain in effect until the Auburn Fund receives written notice of termination of the
agreement. This transaction will appear on your monthly bank statement with the first draft occurring 30 to 45 days
after this authorization is received.

Return to School of Nursing Office of Development, Miller Hall, Auburn, AL 36849
Direct any questions to 334-844-7390 or supportnurses@auburn.edu.