

**THIS IS  
WHERE  
KNOWLEDGE AND  
COMPASSION  
MEET.**



**THIS IS AUBURN.**



SCHOOL OF NURSING

[www.auburn.edu](http://www.auburn.edu)

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Produced by the Office of Communications and Marketing, April 2014.

**THIS IS WHERE  
STUDENTS  
ARE INSPIRED.**







## 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](mailto:supportnurses@auburn.edu) or call 334-844-7390.

Gregg E. Newschwander  
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\*  \$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](http://www.matchinggifts.com/auburn) to find out if your company matches gifts.  
Company name *(in small print)* \_\_\_\_\_

I will pay by:  
\_\_\_\_\_ Check, payable to Auburn University Foundation  
\_\_\_\_\_ Credit/Debit Card

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security 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)  \$83.34 (\$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.

\*\*This 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](mailto:supportnurses@auburn.edu).