



Organization for Associate Degree Nursing Foundation

Friend of Nursing

Nomination Form

The Friend of Nursing Program is an opportunity to recognize an individual who has demonstrated support of and/or made contributions to the profession of nursing. Friends of Nursing are recognized when an individual makes a donation to the Organization for Associate Degree Nursing (OADN) Foundation in their name. A minimum donation of \$50.00 is recommended. Nominees are notified in writing that they will be recognized at the OADN Annual Convention. Please check the appropriate box if you want to be identified as the nominator.

Nominee/Honoree

Full Name: _____

Position: _____

Institutional Affiliation: _____

Institution City, State, Zip: _____

Preferred Mailing Address: _____

The mailing address above is: home address work address

Nominator

Full Name: _____

Position: _____

Institutional Affiliation: _____

City, State, Zip: _____

Mailing Address: _____

The mailing address above is: home address work address

I want to be identified as the nominator: yes no

If you choose, you may write reasons for the nomination here:

Mail the application, supporting documentation, and your \$50.00 donation to:

OADN Foundation, 7794 Grow Drive, Pensacola, FL 32514-7072
Fax: 850-484-8762 Email: harriet.mcclung@oadn.org
877-966-6236 www.oadn.org