

Donation form for National Association of Hispanic Nurses Los Angeles Chapter:
There are three parts, each on a separate page. Be sure to read them all thoroughly.

Part I: For the Individual/ or Company Making the Donation

Complete this part and mail entire form to National Association of Hispanic Nurses Los Angeles Chapter P.O. Box 91714 City of Industry, CA 91715-1714

Company Name

First Name Middle Initial Last Name

Address City State Zip Code

Social Security Number/Tax ID number

Gift Amount \$ _____

Date Gift Sent: _____

Donation Category (check one):

- Scholarship for Nursing Student
- Student Membership Fee
- Student Registration Fee for National Annual NAHN Conference
- Student Registration Fee for Annual LA NAHN Conference
- Student Fee for Annual Scholarship Gala Dinner
- General Chapter Funding
- Other _____

I hereby certify that the above entries are true and accurate, and that this donation meets all of the conditions stated in Part III of this form, including the stipulation that neither I nor any individual designated by me has received or will accept a benefit of more than nominal monetary value as a result of this donation. I also certify that the donation described is my personal contribution and was made from my personal funds.

Signature of donor (Donation will not be made without legal signature.)

Date

(cont.)

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Part II: For the Organization Receiving the Gift

As an authorized officer of this organization, I hereby affirm that the donation described in Part I of this form has been received by this organization, and that this organization is qualified to accept donated funds under the guidelines of the National Association of Hispanic Nurses Los Angeles Chapter and provisions as set forth by the Exemption Organizations Under section 501(c) (3).

Name of organization

Address

Authorized officer name and title

Signature of authorized officer (Donation will not be made without legal signature.)

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Part III: Guidelines

Eligible Organizations/Donations

The following organizations or individual donors are eligible to provide donations to National Association of Hispanic Nurses Los Angeles Chapter

- Accredited educational institutions, including primary, secondary, technical, and specialized schools, universities, and graduate and professional schools
- Community and civic organizations, such as the Lions Club or Rotary Club
- Arts and cultural organizations
- Hospitals, healthcare agencies, and pharmaceutical companies
- NAHN members or interested individuals
- Social service organizations or charitable organizations that are nonprofit, for example, soup kitchens, the American Red Cross, the American Cancer Society, and the American Diabetes Association
- Environmental organizations
- The United Way

Ineligible Organizations/Donations

The following organizations/donations are not eligible to provide donations:

- Religious, political, or fraternal organizations
- Athletic booster clubs or athletic scholarships
- Gifts solely for religious payments, tuition payments, or membership fees to alumni associations
- Dues to clubs, such as the Lions Club or the Rotary Club
- Subscription fees for publications
- Payments to institutions in return for benefits or services
- Gifts for the private benefit of specified individuals

Gift Criteria

To qualify for a donation, the donation must meet the following conditions:

1. The donation must be an actual donation, not just a pledge.
2. The donation must be made directly to the eligible organization.