

Become a member of the
 Coalition for Better Understanding of Nursing today!

Member level and type (please circle)

	Bronze	Silver	Gold	Titanium	Platinum
Organizations—contribution per member <small>(please see individual levels for minimums)</small>	\$0.50	\$1.00	\$1.50	\$2.00	\$2.50
Schools—contribution per enrolled student	\$1	\$2	\$3	\$4	\$5
Hospitals—contribution per employed nurse	\$2	\$4	\$6	\$8	\$10
Unions—contribution per active member	\$2	\$4	\$6	\$8	\$10
Journals—contribution per subscriber	\$0.05	\$0.10	\$0.15	\$0.20	\$0.25
Foundations and Think Tanks	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000
Individuals	\$100	\$200	\$300	\$400	\$500
Your organization's logo on the Coalition's website	Yes	Yes	Yes	Yes	Yes
A free "Save Lives. Be a Nurse" bumper sticker for every student of your school, nurse at your workplace, or member of your organization		Yes	Yes	Yes	Yes
Is your institution looking to improve its appeal by better explaining the value of nursing to patients, visitors and the public? We can help with a personalized written evaluation of your:					
Institution's website (\$1,000 minimum contribution)			Yes	Yes	Yes
Website, public relations, and accessible images and messaging (remote analysis) (\$3,000 minimum contribution)				Yes	Yes
Website, public relations, and 75-point analysis of public messaging with an in-person full-day evaluation (\$5,000 minimum contribution)					Yes

Please make out your check along with the form on the following page and mail it to:
 The Coalition for Better Understanding of Nursing
 % The Truth About Nursing
 3330 Chestnut Avenue
 Baltimore MD 21211 Call 410-323-1100 or email info@nursing-coalition.org with questions.

Donations to the Coalition for Better Understanding are tax-deductible. The Coalition is a working group of The Truth About Nursing--a section 501(c)(3) non-profit organization. EIN 26-3944281.

Please circle:

Bronze	Silver	Gold	Titanium	Platinum		
School	Organization	Hospital	Union	Journal	Foundation / Think Tank	Individual

Number of students, members, nurses, subscribers etc. in your group: _____ Donation:\$_____

Name of your group: _____

Address: _____

Address line 2: _____

City: _____ State/Province: _____

Country: _____ Postal code: _____

Please assign two or more high-level representatives to the Coalition who have authority to send email or text messages directly to the students or members in your group to better facilitate action.

Contact information for your organization's CBUN Representatives.

Representative 1: _____

Title: _____

Email: _____ Phone: _____

Representative 2: _____

Title: _____

Email: _____ Phone: _____

Representative 3 (optional): _____

Title: _____

Email: _____ Phone: _____

Thank you very much for your support!