

Nursing Archives Associates

We are in the process of establishing a secure server for credit card purchases. In the meantime, please print this page, fill out the required information, and return it to the address listed. Make checks payable to BOSTON UNIVERSITY, or be certain to include all credit card information. Thank you.

Please apply my donation to:

Membership in the Nursing Archives Associates

I wish:

- To become a new member for the year
- To renew membership.

A tax-deductible contribution as indicated below is enclosed.

- \$25 Retiree Member
- \$40 Individual Member
- \$100 Sustaining Member
- \$100 Agency Member
  
- A general donation in the amount of \$ \_\_\_\_\_ is enclosed.

Name(s): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Make Checks Payable to: BOSTON UNIVERSITY

Please mail information form and check to:

Nursing Archives Associates  
ATTN: Treasurer  
771 Commonwealth Avenue  
Boston, MA 02215

Credit Card Payments:

Please complete the information below and return.

Payment Type (Check one):  Discover     MasterCard     Visa

Amount of Payment: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

I hereby authorize Boston University to charge my credit card the amount specified above. I agree to pay the total credit card amount listed above according to the card issuer agreement.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_