

Shine a Light in the Darkness

Become a Lamplighter for the ISPN Foundation.



☐ **YES! I want to be a Lamplighter.**

I agree to donate a minimum of \$100 per year (\$ _____) for five years.

☐ **YES! I want to provide sustained giving.**

I agree to donate a minimum of \$ _____ per year for five years.

☐ **YES! I want to provide a single donation.**

I agree to donate \$ _____.

Name: _____

Address: _____

City, State: _____ Zip/Postal Code: _____

Country: _____

Telephone: _____ ISPN Divisions(s): _____

Email: _____

ISPN, 2424 American Lane, Madison, WI 53704, 608-443-2463, www.ispn-psych.org
ISPN Foundation is a 501©3 non-profit organization. Donations are tax-deductible as permitted by law.



**Thank you for shining a light in the darkness and supporting
advanced practice psychiatric-mental health nursing!**