



The Royce Foundation

Jackson Memorial Hospital School of Nursing Alumni

Pledge Card

Pledge to contribute to The Royce Foundation a sum of \$ _____

I agree to contribute this pledge (PLEASE CHECK ONE)

monthly

semi-annually

in installments

hereby attached

PLEASE MAKE YOUR CHECK PAYABLE TO: **THE ROYCE FOUNDATION.**

Print name _____

Signature _____ Class of _____

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City _____ State _____ Zip _____

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Mail to: The Royce Foundation
1500 N.W. 12th Avenue
Miami, Florida 33136

All donations to The Royce Foundation are tax deductible according to IRS tax code.