NURSING STARS

Make a Nurse a STAR!

Honor a favorite nurse or nurses in time for Nurses Week, May 6-12.

Your sponsorship supports scholarships and continuing education programs for Inova Nurses. Stars can be individual nurses or an entire patient care unit. The more nursing stars named, the more you'll help all Inova nurses expand their knowledge and skills.

Be sure your nurses receive their stars!

SPONSORSHIP LEVELS ARE:

$50 per star
$200 for 5 nurses
$400 for 10 nurses
$1,000 for an entire patient care unit

For more information, visit www.inova.org/nursingstars or call 703.289.2094.

Inova Edelman Center for Nursing

INOVA®
Join the future of health.

NURSING **STARS** Make a Nurse a STAR!

Nurses Week is coming!

Join your colleagues in honoring a nurse in time for **Nurses Week, May 6-12**. Instead of the usual candy and flowers, why not honor a nurse by naming him or her a nursing star? Your star will receive recognition letting them know you've honored them, as well as a special edition of the star-shaped lapel pin during Nurses Week.

Since the proceeds of your generous donation will fund scholarships and continuing education programs for Inova nurses, nursing stars will continue to reap the benefits of your gift for years to come!

Please note that you can use employee payroll deduction for your Nursing Star sponsorship. Employee payroll deductions will occur in 10 pay periods beginning in August and ending with your last paycheck in December. Please note that to process payroll deduction, **your signature is required**.

Payroll Deduction Examples:

$5.00	x 10 pay periods	=	$50
$20.00	x 10 pay periods	=	$200
$40.00	x 10 pay periods	=	$400
$100.00	x 10 pay periods	=	$1,000

Nursing Star Sponsorships:

$50 per star
$200 for 5 nurses
$400 for 10 nurses
$1,000 for an entire patient care unit

To name a Nursing Star, complete the section at right and return by:

Fax: **703.289.2073**

Interoffice mail: Nursing Stars, Cambridge Court, Foundation

Phone: **703.289.2094**

Mail: Inova Health Foundation
Attn: Nursing Stars
8110 Gatehouse Road, Suite 200E
Falls Church, VA 22042

Sponsor Information

_____

Print sponsor name as you would like it to appear in foundation acknowledgement lists.

Contact person for billing purposes:

NAME _____

TITLE _____

PHONE _____ FAX _____

E-MAIL _____

Information About Your Nursing Star(s)

(For additional stars, please use a separate piece of paper)

This gift is ☐ in honor ☐ in memory of

_____ at _____

Nurse Name or Patient Care Unit Name *Hospital/Unit*

☐ Please check if the nurse listed above is employed at Inova. If not, please provide contact information below so that we may send a letter acknowledging your gift:

NAME _____

ADDRESS _____

Payment Information

Employee Payroll Deduction

EMPLOYEE NUMBER *(Can be found on time card)*

☐ I authorize my payroll deduction gift as follows:

TOTAL GIFT $ _____

$ _____ as a one-time payroll deduction or

$ _____ per pay period x 10 pay periods = $ _____

I understand that equal amounts will be deducted each pay period.

EMPLOYEE SIGNATURE _____

DATE _____

CASH, CHECK, PLEDGE OR CHARGE

(Please make your check payable to **Inova Health Foundation** *and return with this form)*

CASH OR CHECK: Enclosed is my gift in the amount of $ _____

PLEDGE: My pledge of $ _____ will be paid in the following manner by December 31:

To be paid in ☐ two ☐ three ☐ four ☐ monthly installments

CHARGE $ _____ **FOR INTERNAL USE** ☐ ☐ ☐ ☐

Please charge my credit card: ☐ MasterCard ☐ VISA ☐ AMEX

SIGNATURE (IF USING A CREDIT CARD) _____

ACCOUNT NO. _____ EXPIRATION DATE _____