

## 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 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:** 703.289.2424

**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 \_\_\_\_\_

