



Inova is recognized and committed to having the best-trained and motivated workforce possible. Nursing Stars sponsorships extend continuing education opportunities to even more nurses, allowing the benefits of your gift to be experienced for years!

Your star/s will receive recognition letting them know you've honored them, as well as a this year's special nursing star-shaped lapel pin.

Sponsorship Levels:

- ★ \$1,000 for a patient care unit
- ★ \$50 per star

Return By:

Fax: (703) 289-2073

Online: www.inova.org/nursingstars

Mail: Inova Health Foundation

Phone: (703) 289-2094

Attn: Nursing Stars
8110 Gatehouse Road, Suite 200E
Falls Church, VA 22042

I am an Inova nurse.

I do not wish to name a nurse. However, please accept this donation of \$ _____ for the Nursing Stars program.

1 Sponsor Information

Print sponsor name as you would like it to appear in Foundation acknowledgements.

Contact person for billing purposes:

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ Fax (____) _____

Email _____

2 Information About Your Nursing Star(s)

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: _____

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: _____

For additional stars, please use a separate piece of paper.

3 Payment Information

For internal use only



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 2019 pledge of \$ _____ will be paid in the following manner:

Charge To be paid in two three four monthly installments

Signature (if using a credit card) _____

Please charge my credit card MasterCard VISA AMEX Exp. Date _____

Account No. _____

