



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

☐ I am an Inova nurse.

**Return By:**

**Fax:** (703) 289-2073

**Mail:** Inova Health Foundation

Attn: Nursing Stars

8110 Gatehouse Road, Suite 200E

Falls Church, VA 22042

**Online:** [www.inova.org/nursingstars](http://www.inova.org/nursingstars)

**Phone:** (703) 289-2094

☐ 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. \_\_\_\_\_

