## **Inova Nursing Stars**



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

Sponsorship Levels:	Complete Your Sponsorship:	
★ \$1,000 for a Patient Care Uni	Online: www.inova.org/nursingstars	Email: Foundation@inova.org
★ \$50 per star	Mail: Inova Health Foundation Attn: Nursing Stars 8095 Innovation Drive Fairfax, VA 22031	<b>Phone:</b> (703) 289-2072
☐ I do not wish to name a nurse. Plea	se accept this donation of \$	for the Nursing Stars program.
<b>O Sponsor Information</b>	sponsor name as you would like it to appear in Foun	 ndation materials.
Contact person for billing purposes Name	<b>:</b> 	
Address		
City	State	Zip
Phone ( )	Email	_
2 Information About Your In This gift is ☐ in honor ☐ in memor	Nursing Star:  ory of  Nurse Name or Patient Care Unit Name	at
S	Nurse Name or Patient Care Unit Name	Hospital/Unit
	For additional stars, please use a separate for	m.
<b>3 Payment Information</b> Please make your check payable t	o <b>Inova Health Foundation</b> and return wi	For internal use only
Cash or Check Enclosed is m	y gift in the amount of \$	
	will be paid in the followid in □ two □ three □ four □ month	

Thank you for supporting our nurses!
Your star(s) will receive recognition letting them know you've honored them, as well as this year's special nursing star-shaped lapel pin.