



Nursing Stars 2011



Name a Nurse a Star Today!

11NSGala

Inova Health System's Institute for Nursing Excellence has been recognized for its strategic impact on having the best-trained and motivated workforce possible. 2010 marks the seventh year of Inova's Nursing Stars program, which has raised thousands of dollars for nursing scholarships and continuing education.

As we do every year with the Inova Health System Gala, we invite you to honor your nursing stars. In addition to being able to designate your Gala gift to Inova's nurses, you have an opportunity to recognize the dedicated nursing workforce at Inova, and even those nurses outside of our area!

Sponsorship Levels:

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

Complete the section below and return to:

Fax: (703) 289-2073

Phone: (703) 289-2424

Online: www.inova.org/events

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

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 Payment Information

Cash, Check, Pledge or Charge

Please make your check payable to **Inova Health System Foundation** and return with this form.

Cash or Check Enclosed is my gift in the amount of \$ _____

Pledge My 2011 pledge of \$ _____ will be paid in the following manner by December 31, 2010:
To be paid in two three four monthly installments

Charge Please charge my credit card MasterCard VISA AMEX
Account No. _____ Expiration Date _____

Signature (if using a credit card) _____

3 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 Health System. If not, please provide contact information below so that we may send a letter acknowledging your gift:

Name: _____

Address: _____

(For additional stars, please use separate sheet of paper)