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Connecticut Nurses’ Foundation

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ctnursesfoundation.org

***Connecticut Nurses’ Foundation “Honor A Colleague”***

***Recognition and Donation Form***

* Do you work with or know a nurse whose expertise you admire?
* Do you know a nurse who mentored you and continues to mentor you and other nurses?
* Is there a nurse in your community who, although retired, gives many hours to community service agencies?
* Is there a nurse you would simply like to honor because he/she is a dear friend and valued colleague?
* Is there a faculty member, student or group you would like to honor?

The Connecticut Nurses Association would like to assist you in honoring your colleague, their knowledge, compassion and contribution to the profession of nursing. Please fill out the form below and return to the Connecticut Nurses Foundation.

 *All donations are tax-deductible under the 501(c)3 provisions. Checks may be made payable to the Connecticut Nurses Foundation. Online donations are also accepted.*

**I would like to honor   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**I am enclosing a gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the Connecticut Nurses’ Foundation, in honor of this colleague.**

**Please indicate if there is a specific CNF scholarship, grant, or initiative you would like your donation to go towards.**

 **What has inspired you to honor this colleague?**

**How have they contributed to the profession of nursing, medicine, or public health awareness?**

**What qualities does this person embody that you admire?**

**What can the nursing and public health community learn from this person?**

*Please indicate if you would like your information kept confidential: Yes \_\_\_\_ No \_\_\_\_*

**Applicant’s Electronic Signature Date**

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