



## You are invited to join the UF College of Nursing's Dean's Circle of Excellence

The Dean's Circle of Excellence is a unique group designed specifically to support the ongoing efforts of the College toward innovative education, dynamic research, and quality patient care.

Becoming a member of the Dean's Circle of Excellence is a fantastic way to demonstrate your passion for Gator Nursing, and inspire others to take your lead to advance the future of global healthcare through investing locally.

Eligibility for membership is a documented pledge to the College of Nursing for at least \$1,000 per year. Simply complete and return the form on the reverse side of this informational flyer. You will become a member upon completion of processing of both your pledge form and your year-one gift.

### **\$5,000 Pledge** (*\$1000 per year for 5 years*):

- Special recognition in *The Gator Nurse*
- Dean's Circle of Excellence lapel pin
- Invitation to College of Nursing Donor Recognition Event
- Priority event registration
- Commemorative Brick installed in HPNP Courtyard

For more information, please contact:  
Anna Hoffman, Assistant Director of Development & Alumni Affairs,  
at [asuggs@ufl.edu](mailto:asuggs@ufl.edu) or 352-273-6395

# PLEDGE FORM -

## A Commitment for the University of Florida College of Nursing

Date: \_\_\_\_\_  
(mm/dd/yyyy)

**YES! . .** I/we hereby pledge \$ \_\_\_\_\_, to the UF College of Nursing made payable to the University of Florida Foundation, Inc. to benefit the **Dean's Excellence Fund at the College of Nursing (Fund #000335)** to address the most emergent needs of the College.

**Or . . .** I/we prefer this gift benefit the following fund within the College *(only fill in if a fund other than Dean's Excellence is desired):*

\_\_\_\_\_

Pledge Year 1 \$ _____	Pledge Year 3 \$ _____	Pledge Year 5 \$ _____
Pledge Year 2 \$ _____	Pledge Year 4 \$ _____	<i>UF Fiscal Year is July 1 - June 30</i>

I/we will begin pledge payments in on: \_\_\_\_\_  
(mm/dd/yyyy)

Please send a pledge reminder . . .

_____ Annually	_____ Semi-annually	
_____ Quarterly	_____ It is not necessary to send a pledge reminder	

This pledge and resulting payments are to be anonymous:      Yes \_\_\_\_\_ No \_\_\_\_\_

It is my/our intention that the University of Florida apply for any matching grants that may be available as a result of this gift.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(mm/dd/yyyy)

*Your gift will be fully deductible for federal income tax purposes, subject to the limitations placed on charitable gifts.*

Please acknowledge and credit this gift as follows:

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

***Prefer to submit your gift with a credit card?*** \_\_\_\_\_

If yes, please contact us at (352) 273-6614 for instruction.

**Submit pledge form to:**  
University of Florida College of Nursing  
Office of Development and Alumni Affairs  
P.O. Box 100197 - Gainesville, FL 32610  
(352) 273-6614 phone - (352) 273-6605 fax

