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 or 352-273-6395
PLEDGE FORM -
A Commitment for the University of Florida College of Nursing

Date: _________________________

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    $ _____________   UF Fiscal Year is July 1 - June 30

I/we will begin pledge payments in on:  _________________________

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:  _________________________

Signature:  ________________________________________________   Date:  _________________________

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