The East Carolina University College of Nursing

Hall of Fame Nomination Form

All nominations and donations are due by December 15th so the evaluation committee can determine inductees.

**Donor Information (must be completed)**

I am sole nominator ($1000 min.) [ ]
This is part of a group nomination [ ]

Name ____________________________________________________________

Street Address ______________________________________________________

City __________________ State __________________ Zip __________________

Phone __________________ Email address ____________________________

**Nominee Information (must be completed)**

Choose all that apply:  In honor of [ ]  In memory of [ ]  Honoree is an ECU alum [ ]

Name ____________________________________________________________

Street Address ______________________________________________________

City __________________ State __________________ Zip __________________

Phone __________________ Email address ____________________________

Why are you nominating this person for the Hall of Fame, including achievements (attach additional pages, if needed):

__________________________________________________________________________

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Note:  If giving as a group, total per nominee must equal $1000 minimum.
Note:  $1000 donation automatically qualifies individual donor for annual ECU Chancellor’s Society Membership.

Checks payable to: “Medical and Health Sciences Foundation, Inc.” and memo line: “HOF [Nominee’s Name]”

Please mail this form, check, and additional pages to:  Elizabeth Maxwell
Medical and Health Sciences Foundation, Inc.
525 Moye Blvd., Mail Stop 659
Greenville, NC 27834