

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]"