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):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

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]”