All contributors support NAP’s mission to recognize excellence in a wide variety of nursing career paths and financially contribute to the educational advancement of nurses at all levels in the Commonwealth of PA.

**SPONSORSHIP OPTIONS**

**Award Sponsorships: $5,000 per category**
- Award Sponsors will be underwriting the award finalists and their guests’ attendance at the Gala, as well as contributing toward the production costs of the Gala, including the cost of the crystal award for the category.
- **Sponsors will receive:** 8 Gala seats, recognition during the Gala with signage, including company logo, and a full-page acknowledgment (which you create) in the Gala program book.

**Award Categories:** please indicate which award you wish to sponsor.

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<tr>
<th>Select</th>
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<td>Advanced Practice RN</td>
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<td>Nursing Administration - Leader/Manager</td>
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<td>Clinical Practice RN</td>
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<td>Nursing Education - Academia</td>
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<td>Clinical Practice LPN</td>
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<td>Nursing Education - Staff Development</td>
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<td>Community Nursing</td>
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<td>Nursing Research</td>
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<td>Doctorate of Nursing Practice (DNP)</td>
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<td>Nursing Administration - Executive/CNO</td>
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<td>Patient Choice</td>
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**Scholarship Sponsorships: $3,300 per category**
- Scholarship Sponsors will be underwriting the scholarship recipient for the Gala and contributing toward the scholarship award and the production costs of the Gala.
- **Sponsors will receive:** 4 Gala seats, recognition during the Gala with signage, including company logo, and a half-page acknowledgement (which you create) in the Gala program book.

**Scholarship Categories:** please indicate which scholarship you wish to sponsor.

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<tr>
<th>Select</th>
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<td>Licensed Practical Nursing</td>
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<td>Bachelor of Science in Nursing</td>
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<td>Associate Degree in Nursing</td>
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<td>Bachelor of Science in Nursing-Completion Degree</td>
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This form will be updated on our website, www.NightingaleAwards.org, to reflect the sponsorships that have been sold to date.
CONTRIBUTION OPTIONS (separate from Sponsorships):
Please indicate at which level and amount you wish to contribute.

$__________ Diamond Level – Contribution of $5,000 or more
• Will receive 8 Gala seats, recognition on the NAP website, on signage at the Gala and in the program, and a full-page acknowledgement (which you create) in our Gala program book.

$__________ Platinum Level – Contribution of $3,000 - $4,999
• Will receive 4 Gala seats, recognition on the NAP website, on signage at the Gala and in the program, and a half-page acknowledgement (which you create) in our Gala program book.

$__________ Gold Level – Contribution of $1,500 - $2,999
• Will receive 2 Gala seats, and recognition on the NAP website, on signage at the Gala and in the program book.

$__________ Silver Level – Contribution of $150 - $1,499
• Will receive recognition on the NAP website, on signage at the Gala and in the Gala program book.

$__________ Nightingale Level – Contribution of $30-$149
• Will receive recognition on the NAP website, on signage at the Gala and in the Gala program book.

$__________ Jayne Felgen Scholarship Fund – Any Amount
• Ms. Felgen was the founding member of NAP and continues to serve on the Board of Trustees as President Emeritus. The purpose of this fund is to provide support generally for scholarships as the Board may determine.
• Contributors to this fund will receive recognition on the NAP website, on signage at the Gala and in the program book.

Consider contributing “in honor of” or “in memory of” someone. Circle “honor” or “memory” and place name here, as you’d like it to appear: __________________________________________________

Gala Program Book Acknowledgements:
• Complete this section if you want to purchase space in the Gala program book to acknowledge a nurse, promote your organization, etc. You do not need to complete this section if a program book acknowledgement is included with the sponsorship or contribution level you chose above.
• You’ll need to create the ad and send to us via email (in .jpeg or .pdf format) by Sept. 25.
• Choose: Full Page $350 _____ or Half Page $250 _____

SPONSOR/CONTRIBUTOR INFORMATION

Amount Due: $__________

Organization/Individual: ____________________________

Who is the sponsor/contributor? Please print clearly, as you would like the name to appear in marketing.

Contact Person (if different from above): ____________________________

Address: ______________________________________________________

City/State/Zip: ________________________________________________

Phone: ___________________________ Email: ___________________________

Signature: _______________________________________________________________________________

Pay by Credit Card: Visit https://www.nightingaleawards.org/support-us and complete the online form.
Pay by Check: Complete this form and make checks payable to Nightingale Awards of Pennsylvania.
Mail To: 2400 Ardmore Boulevard, Suite 302 | Pittsburgh, PA 15221

Contributions made to NAP are tax deductible to the extent permitted by law. THANK YOU FOR YOUR SUPPORT!