



Nightingale Awards of Pennsylvania (NAP) Gala Sponsorship & Contribution Opportunities 2023

**Contributions must be received by September 18, 2023
to be included in the Gala program.**

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.

Purchase a sponsorship, or contribute at the Diamond or Platinum level, by July 31, and your organization's logo will appear on the Gala invitation RSVP card. More than 1000 invitations will be mailed in August to nurses, health care professionals and NAP friends.

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.

| Select | Award | Select | Award |
|--------|---|--------|---|
| | Advanced Practice RN | | Nursing Administration - Leader/Manager |
| | Clinical Practice RN | | Nursing Education - Academia |
| | Clinical Practice LPN | | Nursing Education - Staff Development |
| | Community Nursing | | Nursing Research |
| | Doctorate of Nursing Practice (DNP) | | Nursing Administration - Executive/CNO |
| | Patient Choice – Individual Nurse Award | | Patient Choice – Team Award |

Scholarship Sponsorships: \$4,000 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.

| Select | Scholarship | Select | Scholarship |
|--------|--|--------|-----------------------------|
| | Advanced Degree - Doctoral | | Diploma |
| | Advanced Degree - Masters | | Licensed Practical Nursing |
| | Bachelor of Science in Nursing | | Associate Degree in Nursing |
| | Bachelor of Science in Nursing-Completion Degree | | Advanced Degree - PhD |

**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. 19.
- Choose: **Full Page (5.5”W x 8.0”H) -- \$350 _____** or **Half Page (5.5”W x 3.5”H) -- \$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

Email Ads or Questions: [tlong@cmemanage.com](mailto:long@cmemanage.com)

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