



## THE UVAHS PROFESSIONAL NURSING STAFF ORGANIZATION

### *Contributing to the PNSO*

## Professional Development Fund for Nurses

*Thank you very much for your contribution to the Nurses' Professional Development Fund! Your gift will help promote continued excellence in nursing at UVA Health System! Please complete the information below and send to the PNSO Support Office, Box 800135 (phone 924-8780). Be sure to retain a copy for your records.*

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I wish to make a donation to the Professional Development Fund for Nurses in the amount of \$\_\_\_\_\_.

Please, direct my gift to the Certification Fund for Nurses.

Signed, \_\_\_\_\_ Date \_\_\_\_\_

#### PLEASE CHECK THE DONATION METHOD DESIRED:

I would like to make a donation **as a lump-sum gift**. Make check payable to University of Virginia Medical Center, write "PNSO Professional Development Fund" in the memo and submit to the PNSO Support Office, Box 800135 (phone 924-8780).

I would like to make a donation **via payroll deduction** by using the form from the Development Office (*below, with Fund information filled in*).

#### PLEASE CHECK THE DEDICATION DESIRED, IF ANY:

I would like for my donation to be **in honor of** \_\_\_\_\_  
(name of person(s) being honored)

I would like that person to be notified of the donation. His/Her Address is:  
\_\_\_\_\_

I would like to make a donation **in memory of** \_\_\_\_\_  
(name of person(s) being remembered)

I would like the following person(s) to be notified of this donation. Name(s) & Address(es):  
\_\_\_\_\_

#### MAY WE ACKNOWLEDGE YOUR GIFT?

You may recognize me as a donor on the PNSO website and/or in UVAHS publications.

**THANK YOU FOR YOUR DONATION!**

# Payroll Deduction Authorization Form

**Please complete this form if you are making a gift via payroll deduction to the University of Virginia.**

Please fill in the form completely. If you are already making a gift by payroll deduction to the University of Virginia, please return this form with that information.

This information will be processed by Gift Accounting and Payroll. Please submit the forms as early in the month as possible to facilitate gift withholding by the end of the same month. If you have questions about the payroll deduction process, please call Cecilia Baber in Gift Accounting, at 924-1015.

<b>Name (please print)</b>	<b>Social Security Number</b>	<b>Work Telephone</b>
<b>Home Address</b>	<b>City, State, Zip</b>	<b>Home Telephone</b>

I hereby pledge to the University of Virginia or an affiliated foundation the sum of \$\_\_\_\_\_.

This gift is designated for: The PNSO Professional Development Fund for Nurses, # 2960-321

The gift will be paid in the following manner:

\$\_\_\_\_\_ amount pledged *each pay period*, to be paid through payroll deduction,  
beginning \_\_\_\_\_ (date) and ending \_\_\_\_\_ (date).

**Please check all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> I am a Faculty Member.   | <input type="checkbox"/> I am a Staff Member.      |
| <input type="checkbox"/> I am paid semi-monthly.  | <input type="checkbox"/> I am paid bi-weekly.      |
| <input type="checkbox"/> I am paid over 9 months.   | <input type="checkbox"/> I am paid over 12 months. |
| <input type="checkbox"/> I am currently making a payroll deduction gift, which is designated for: _____ (school or area). |  |

This deduction:  *is in addition to*, or  *will replace*, my current deduction.

**In donor honor rolls, publications and other recognition pieces:**

- I agree that both my name and amount of my gift may be recognized.
- I agree that my name may be recognized, but prefer that the size of my gift not be published.
- I wish my gift to be recognized as follows: (Names; please print) \_\_\_\_\_
- I prefer that my gift remain anonymous.
- I wish my gift to be credited jointly with my spouse.  
(Spouse's Name) \_\_\_\_\_ (Spouse's Social Security Number) \_\_\_\_\_
- My spouse is a University or Medical Center employee.  
(Spouse's school, department or area) \_\_\_\_\_
- My spouse is an alumna(us). (Spouse's school and year) \_\_\_\_\_
- I am an alumna(us). (School and year) \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Spouse's signature (if joint gift)**

\_\_\_\_\_  
**Date**

***Please send this form to the PNSO Support Office, Box 800135 (phone 924-8780), we will forward it to:***  
 MESSENGER MAIL: Cecilia Baber, Gift Accounting, Office of University Development, PO Box 400807      U.S. MAIL: Cecilia Baber, Gift Accounting, Office of University Development, PO Box 400807, Charlottesville, VA 22904