



**NORTHERN • CALIFORNIA & • NEVADA • MEDICAL • LIBRARY • GROUP**

A CHAPTER OF THE MEDICAL LIBRARY ASSOCIATION

## ***Colleague Appreciation Program (CAP)***

This program allows anyone to honor an NCNMLG member by making a donation to NCNMLG. Some examples of reasons for honoring a member are:

- Celebrating an award, achievement or promotion
- Acknowledging a mentor
- Recognizing a milestone, retirement, or contribution
- Thanking a member for assistance, advice, or an opportunity
- Appreciating character, scholarship, leadership, service, humor, grace, perseverance, trust, vision, perspective
- Remembering a job well done
- Recalling a significant contribution to NCNMLG past or present

Each honoree will receive a letter and a certificate. Each donor will receive an acknowledgment letter. Donors have the option to remain anonymous. Honorees will be listed quarterly in the NCNMLG newsletter. The names of the honorees from the past year will be posted in a central location at the Joint Meeting.

### ***Do you have colleagues you'd like to honor?***

The Colleague Appreciation Program (CAP) is a member-to-member recognition program. Because the program is non-competitive, applications will accepted at any time of the year.

- Funds raised help support the Professional Development Award.
- Honorees will receive a letter and a certificate.
- The minimum donation is \$10 per honoree; there is no maximum.
- To honor 3 people, send a minimum of \$30.

***Fill out the form on the back and send it in!***

## Colleague Appreciation Program (CAP)

Please type or print.

### Honoree Information

Please send notification of this CAP Award to:

**Honoree Name:** \_\_\_\_\_

Institution, City, State: \_\_\_\_\_

Honored for: \_\_\_\_\_

Would you like this CAP to be anonymous?  Yes  No

**Honoree Name:** \_\_\_\_\_

Institution, City, State: \_\_\_\_\_

Honored for: \_\_\_\_\_

Would you like this CAP to be anonymous?  Yes  No

**Honoree Name:** \_\_\_\_\_

Institution, City, State: \_\_\_\_\_

Honored for: \_\_\_\_\_

Would you like this CAP to be anonymous?  Yes  No

### Donor Information

Donor Name: \_\_\_\_\_

Institution: \_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my donation to the amount of: \_\_\_\_\_ (\$10 per honoree minimum)

\*Amount of donation will not be revealed to honoree.

Please send completed form and a check *payable to*: **NCNMLG** to:

Claire Sharifi  
Gleeson Library, University of San Francisco  
2130 Fulton St  
San Francisco, CA 94117