11th Annual Parade of Chapters – GIFT REPLY FORM

Our goal is 100% participation from each Chapter – Every Gift Counts toward the Challenge!

(Please send in your gift and photo no later than August 23, 2021)

☐ **YES, <u>we want to support Oncology Nurses during the 40th Anniversary Challenge</u> with a Chapter Leadership Gift in the spirit of Chapter Leadership Weekend and the Annual Parade of Chapters.** ***(Please Select Your Gift Amount)***

☐ **$10,000** ☐ **$7,500** ☐ **$5,000** ☐ **$3,000** ☐ **$2,000** ☐ **$1,000** ☐ **Other Amount $_____**

Chapter Name: _____

Chapter President Name: _____

Chapter Treasurer Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

☐ My Check is enclosed made payable to the *Oncology Nursing Foundation*

☐ *Charge My Credit Card*: (CHECK ONE)

VISA MASTERCARD AMEX DISCOVER

ACCOUNT# | | | | | | | | | | | | | | | |

EXPIRATION DATE _____/_____ CVV# _____

NAME ON THE CARD _____

SIGNATURE _____

☐ We'd like to request a meeting to learn about additional chapter support opportunities with the Oncology Nursing Foundation.

☐ Do you have Facebook? What is your link/handle?_____

Oncology Nursing Foundation, PO Box 3258, Pittsburgh, PA 15230-3258
866-257-4667 Option 4 info@onfgivesback.org www.onfgivesback.org

The official registration and financial information of Oncology Nursing Foundation may be obtained from the Pennsylvania Department of State by calling toll free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.
Federal ID 25-1410081