



## MY DONATION FORM

Your gift to the Oncology Nursing Foundation helps to ensure that the Foundation remains a resource for oncology nurses in the pursuit of their educational and professional goals. Your gift is important to our work, and we are greatly encouraged by your support. Thank you for your support.

Please complete the following information. You may complete and return electronically to [info@onfgivesback.org](mailto:info@onfgivesback.org) or print and mail with your donation to the address listed below.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My gift: \$ \_\_\_\_\_

in memory of: \_\_\_\_\_

in honor of: \_\_\_\_\_

Please notify another person of this donation. *(Please use this option for memorial or tribute gifts only.)*

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check *(Please make your check payable to the Oncology Nursing Foundation)*

Visa       MasterCard       American Express       Discover

Card Number \_\_\_\_\_ Expires \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card: \_\_\_\_\_

I have included the Oncology Nursing Foundation in my will or estate plans

Sign Here: \_\_\_\_\_

I would like to know more about the Legacy of Care Society

Oncology Nursing Foundation  
P.O. Box 3258  
Pittsburgh, PA 15230-3258  
866-257-4667 Option 4  
[www.onfgivesback.org](http://www.onfgivesback.org)