# 12th Annual Parade of Chapters – GIFT REPLY FORM

Our goal is 100% participation from each Chapter

**(Please send in your gift and photo no later than August 22, 2022)**

☐ **YES, we want to support Oncology Nurses with a gift in the spirit of Chapter leadership 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.

**Return to Oncology Nursing Foundation by:**
**Check: Oncology Nursing Foundation, PO Box 3258, Pittsburgh, PA 15230-3258**
**By secure fax: 412-774-2937**
**By secure email: using http://sendthisfile.com/ons and email to financeteamshared@ons.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