



GIFT OF SECURITIES TO THE ONCOLOGY NURSING FOUNDATION

Thank you for your charitable gift to the Oncology Nursing Foundation in the form of a securities transfer. The earnings from your gift will provide long-term support for the programs operated by the Foundation.

Please complete (or request that your broker completes), the information below to help ensure that your gift is processed accurately. Once you have made a transfer, please contact the Oncology Nursing Foundation by phone at 866-257-4667 Option 4 or by email at info@onfgivesback.org to inform the Foundation of the proposed donation and to ensure that you receive a prompt receipt of your gift for your tax records. Acknowledgment will be made in compliance with IRS regulations.

Account Manager: Fred Cooke
UBS
317 West Barbee Chapel Rd
Chapel Hill, NC 27517
Phone: 919-918-2342

Account Name: ONS Foundation
Account Number: EA 17476 06
DTC Number: 0221

If transferring stock certificates, please complete below:

For Value Received, the undersigned does (do) hereby sell, assign, and transfer to:

Oncology Nursing Foundation
Taxpayer ID# 25-1410081

This irrevocable gift without consideration:

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ Email _____

IMPORTANT:

The signature(s) to this power must correspond with the name(s) as written upon the face of the Certificate(s) in every particular without alteration.

[person(s) executing this power sign here]

Date

[person(s) executing this power sign here]

Date

If Stock, Complete This Portion:

_____ shares of the common stock of _____
represented by certificate(s) No.(s) _____
inclusive, standing in the name of the undersigned on the books of said Company.

If Bonds, Complete This Portion:

_____ bonds of _____
in the principal amount of \$_____ No.(s) _____
inclusive, standing in the name of the undersigned on the books of said Company.
The undersigned does (do) hereby irrevocably constitute and appoint
_____ attorney to transfer the said stock or bond(s), as
the case may be, on the books of said Company, with the full power of substitution in the premises.

If you wish to restrict your donation to something other than greatest need, please indicate that direction below:

_____ % to Sustaining Impact Fund

_____ % to the Connie Henke Yarbro Oncology Nursing History Center

_____ % to Research

_____ % to Greatest Need

100% (must equal 100%)

Thank you for supporting the Oncology Nursing Foundation. Gifts to the Foundation are tax-deductible to the fullest extent of the law as no goods or services are provided in consideration of a gift (Tax ID #25-1410081). Under the direction of the Board of Directors, the Foundation retains complete control over the use and distribution of donated funds in furtherance of its mission.

**Please send all securities to the following address:*

Oncology Nursing Foundation
Attention: Development Office
125 Enterprise Drive
Pittsburgh, PA 15275
866-257-4667 Option 4
info@onfgivesback.org

** Please send by either certified mail or return receipt request to track the delivery of your certificate.*