



## Legacy of Care Society Membership Form

It is an honor to celebrate and recognize those visionary individuals who have included the Oncology Nursing Foundation as part of their will or estate plans. Sharing these intentions provides you with membership into the Legacy of Care Society.

If you've taken this tremendous step, please complete this form and return it to the Oncology Nursing Foundation. Your information will be kept strictly confidential.

### Member Information

Date \_\_\_\_\_

Name of Donor(s) \_\_\_\_\_

Address \_\_\_\_\_

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

### Recognition

Please let us know if we may recognize your intentions to include the Oncology Nursing Foundation in your estate plans:

YES, I give Oncology Nursing Foundation permission to publish my name in Oncology Nursing Foundation publications and public acknowledgements as a member of the Legacy of Care Society.

How do you wish your name(s) to be listed in any publications that acknowledges your gift? Please list in exact form with punctuation:

\_\_\_\_\_

NO, I wish my gift to remain anonymous

Thank you for your thoughtful support.

*This form is non-binding and does not constitute a legal promise of any future donation to the Oncology Nursing Foundation. We understand that gifts of this type are revocable and that your estate plans may change.*

Please return to: Oncology Nursing Foundation, 125 Enterprise Drive, Pittsburgh, PA 15275 or email to [info@onfgivesback.org](mailto:info@onfgivesback.org)

