



**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](mailto: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: 919-967-2541

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 Trustees, 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.*