



Florence Wald Fellows Pledge Form

This pledge form initiates the Florence Wald Fellows gift process. Please complete in entirety, sign and mail to Hospice and Palliative Nurses Foundation (HPNF).

Your formal Florence Wald Fellows Gift Agreement is determined by information you provide on this form, including your payment schedule choice. Should you choose, please seek independent legal and/or financial counsel for any advice regarding your Florence Wald Fellows Pledge.

Once this form is received by HPNF, your Florence Wald Fellows Gift Agreement is prepared according to your preferences and sent to you to sign and return. The signed Florence Wald Fellows Gift Agreement document is kept on file at HPNF and a copy is returned to you for your records.

Thank you so much for your generosity and inspiration!

Yes! I wish to become a Hospice and Palliative Nurses Foundation **Florence Wald Fellow** with my pledge of \$10,000 payable over the next five years.

- I wish to make payment on my pledge in the following manner (please indicate choice):

monthly
 quarterly
 semiannually
 annually
 in full at the time I sign my letter of agreement
 in full by _____ (date)

- At this time, I plan to make payments by (this may change at any time per donor preference):

credit card
 check
 recurring payment through my online banking
 HPNF website DONATE NOW
 other (please specify _____)

- I would like payment reminders:

Yes
 No

Last Name _____ First Name _____ Initial _____

Home Street Address _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Email address _____

Signature _____ Date _____

~ Please remember HPNF in your will and estate planning ~

The official registration and financial information of Hospice and Palliative Nurses Foundation may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999; all others, 717-783-1720. Registration does not imply endorsement.

Hospice & Palliative Nurses Foundation

One Penn Center West • Suite 425 • Pittsburgh, Pennsylvania 15276 • 412.787.9301 • www.goHPNF.org



Hospice and Palliative Nurses Foundation Florence Wald Fellows Gift Agreement

Recitals

I, _____ (hereinafter referred to as Donor”),

of _____ (address),
hereby agree to make a gift to the Hospice and Palliative Nurses Foundation (“HPNF”) located at One Penn Center West, Suite 425, Pittsburgh, PA 15276-0100.

I hereby assert that I am legally entitled to make this gift, being of sound mind, and that I choose to do so without any undue influence or coercion from other persons or organizations.

HPNF is a 501(c)(3) tax-exempt organization that provides educational and scientific support to nurses and other healthcare professionals involved in hospice and palliative care to promote quality care to those with serious illness. HPNF is empowered to obtain gifts of money and to hold, administer, manage, invest, and/or distribute gifts for this purpose.

As an organization described in the Internal Revenue Code Section 501(c)(3), the Internal Revenue Service has determined that gifts to HPNF should normally qualify as charitable contributions for purposes of federal income-tax calculations to the full extent of the law.

Agreement

In consideration of the Donor's provisions to HPNF, and HPNF's recognition of the Donor and acceptance of the ongoing management of the gift, the Donor promises to provide \$10,000, generally payable in _____ (number) increments of _____ (amount) by _____ (method) over a _____ (up to 5) year period. Donor will be recognized as a **Florence Wald Fellow** for this gift. Further, Donor and HPNF agree that the purpose of gifts paid by the Donor to HPNF are unrestricted and to be used for general operating support and projects as determined by HPNF Board of Directors and implemented by HPNF staff, unless otherwise stipulated by Donor. Specifically:

1. This agreement may be modified at any time by the mutual written agreement of both parties.
2. This agreement and any amendments or modifications shall be construed in accordance with Pennsylvania law, and may be amended without donor consent, if necessary, for retention of HPNF tax-exempt 501(c)(3) status.
3. The Donor and HPNF recognize that should the Donor not fulfill the full terms of this agreement, Donor shall lose all recognition relative to this commitment and Donor shall not be entitled to a refund of the amounts donated by Donor.
4. The Donor has been advised by HPNF to seek independent legal and financial counsel relative to this agreement, and HPNF makes no representation about the tax consequences to the Donor in connection with this charitable gift.

5. HPNF enjoys the opportunity to show its appreciation for gifts. Donor agrees that HPNF may recognize Donor in its various publications and in its website donor listing, and any other avenue chosen by HPNF, unless the Donor indicates to HPNF that he or she wishes to remain anonymous. HPNF may send the Donor invitations and recognition items. In the event that the Donor does not wish to receive such items from HPNF, he or she must inform HPNF Director of Development.
6. The Donor will continue to receive recognition as long as the terms of the agreement are maintained by the Donor, unless Donor informs HPNF that his or her desire is otherwise.
7. The Foundation understands that sometimes the financial circumstances of Donors change. HPNF appreciates the opportunity to work with Donors to restructure pledges should the need arise. It is the Donor's responsibility to initiate this change by contacting HPNF, and HPNF reserves the right to suspend or terminate recognition of and/or benefits to the Donor within one year's time if the Donor falls significantly behind his/her commitment without amending the pledge terms of this agreement.
8. The Donor requests that he/she be recognized as follows (please print name as you would like it to appear) _____.
When credentials are used, please include the following until notified otherwise, (print credentials as you would like them to appear) _____.

IN WITNESS THEREOF, the parties or their representatives have affixed their signatures on the date indicated below.

Name of Donor

Signature of Donor

Date

Witnesses:

Signature

Printed Name

Date

Signature

Printed Name

Date

Agreed To:

Name of CEO, Hospice and Palliative Nurses Foundation

Signature of CEO, Hospice and Palliative Nurses Foundation

Date

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