



Department of Emergency Medicine Gift Form

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Home e-mail: _____

I would like to designate my contribution as follows:

\$ _____ Jerris R. Hedges Emergency Medicine Endowment Fund (#66610)

\$ _____ John C. Moorhead Emergency Medicine Endowment Fund (#66611)

One-time gift of \$ _____ **via check** made payable to OHSU Foundation

Please charge my credit card

\$ _____ One-time gift

\$ _____ (per month) Recurring monthly charge

Name as it appears on card: _____

Card # _____ Exp date _____

Signature: _____ Date: _____

Please return this form to:

OHSU Foundation
1121 SW Salmon St, Suite 200
Portland, OR 97205-2021

SMB0DEM