



Oregon Health & Science University Foundation

I would like to make a gift at the Dean's Gold Circle level.

Donors who contribute \$1,000 or more annually qualify for the Dean's Gold Circle.

- Dean's Gold Circle Member (\$1,000 - \$4,999)
Dean's Gold Circle Fellow (\$5,000 - \$9,999)
Dean's Gold Circle Master (\$10,000+)
I choose not to join the Dean's Gold Circle today, but would like to make a gift to the School.

Please designate my gift to:

- School of Dentistry Dean's Fund for Excellence
Other

Option One: Pledge

Payment will begin on ___/___/___ . The balance will be paid in ___ payments of \$ _____.
(number)

Please send reminders: [] yes [] no

Option Two: Outright Gift

Enclosed is the gift in full in the amount of \$_____.

Method of Payment

- Check enclosed (made payable to: OHSUF)
Please charge my: [] American Express [] Discover [] MasterCard [] Visa
Credit card number Exp. date
Signature

Donor Information

Name(s): (Dr./Mr./Mrs./Ms.) _____

Address: _____

City/state/zip: _____ E-mail: _____

- I/we wish to remain anonymous. Do not list my/our name(s) on honor rolls.

Donor Signature _____

Honorary or Memorial Gift

If you wish to pay special tribute to someone with your gift, please indicate: [] in memory of [] in honor of

Name: _____

- Please send a letter informing the following of this gift (gift amount will not be included in message)

What is the letter recipient's relationship to the honoree/deceased?

Please mail this form to: Attn: Development Director
611 SW Campus Dr., #607
Portland, OR 97239
Phone: 503.494.0983 Fax: 503.494.0984

To make a gift online, please visit www.ohsufoundation.org