



I/we wish to make a gift/pledge in the sum of \$\_\_\_\_\_ to support OHSU Doernbecher Children's Hospital. Please designate my gift to the following area of priority: \_\_\_\_\_

Option One: Pledge

Payment will begin on \_\_\_/\_\_\_/\_\_\_ and will be paid over a period of [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 years. 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: DCHF) [ ] Please charge my: [ ] American Express [ ] Discover [ ] MasterCard [ ] Visa Credit card number Exp. date CID # (last 3 digits on back of card - 4 digits for AMEX) Signature

Donor Information

Name(s): (Dr./Mr./Mrs./Ms.) \_\_\_\_\_ Address: \_\_\_\_\_ City/state/zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

[ ] This gift will be matched by my/my spouse's company. Company name: \_\_\_\_\_ Note: If you expect a corporate match to your pledge payment(s), please do not include it in the total amount of your pledge. Please send the company's matching gift form to the OHSU Foundation.

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

Donor Signature \_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_ What is the letter recipient's relationship to the honoree/deceased? [ ] Please send a letter informing the following of this gift (gift amount will not be included in message)

Please mail this form to: Doernbecher Foundation, Mail Stop 20, PO Box 4100, Portland, OR 97208-9908 To make a gift online, please visit www.doernbecherfoundation.org