



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