

I/we wish to make a gift/pledge in the sum of \$_____ to support OHSU. 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: OHSUF)

<input type="checkbox"/> Please charge my:	<input type="checkbox"/> American Express	_____	_____	_____
	<input type="checkbox"/> Discover	_____	_____	CID #
	<input type="checkbox"/> MasterCard	_____	_____	(last 3 digits on back
	<input type="checkbox"/> Visa	_____	_____	of card - 4 digits for
		Signature		AMEX)

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

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: OHSU Foundation, Mail Stop 45, PO Box 4000, Portland, OR 97208-9852

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