



Thank you for joining with us in our mission to defeat cancer. Through ground breaking research, compassionate care and partnerships that build hope, we are redefining cancer and bringing new hope to patients.

Donor Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Option One: Outright Gift

Enclosed is my gift payable to the OHSU Foundation \$ _____.

Option Two: Pledge

I wish to pledge \$ _____. Enclosed is the first payment of \$ _____.

This pledge starts on ___/___/___ and will be paid in full ___/___/___.

The balance will be paid in _____ additional payments of \$ _____.

I wish to make my gift by credit card: Visa MasterCard American Express Discover

_____ Card number

_____ Exp. Date

_____ Signature

Please apply my gift as follows:

____ OHSU Knight Cancer Institute for the highest and most urgent priorities

____ Specific area/fund _____

Tribute gifts:

To make a gift in honor or in memory, complete the following information:

Name of Person _____

Please send an acknowledgment card to _____

Donor recognition/other:

For recognition purposes, please list my/our name as _____

I/we wish to remain anonymous.

Signature: _____ Date: _____

Please complete and send to: OHSU Foundation, Mail Stop 45 PO Box 4000, Portland, OR 97208-9852

For additional information contact us at 503 494-3607 • supporttheknight@ohsu.edu • www.ohsu.edu/cancer

To make a gift online visit www.cancer.ohsufoundation.org

An administrative fee of 2.5% may be applied to gifts.