



I/we wish to make a gift/pledge in the sum of \$_____ to:

\$_____ OHSU Knight Cancer Institute to support the highest research and care priorities

\$_____ Other

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 \$_____. 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 or DCHF)

- Please charge my: American Express
- Discover
- MasterCard
- Visa

Credit card number Exp. date

Signature

DONOR INFORMATION

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

This gift will be matched by my/my spouse's company.

Address: _____

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.

City/state/zip: _____

E-mail: _____

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

Donor Signature

Date

HONORARY OR MEMORIAL GIFT

This gift is: 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, P.O. Box 29017, Portland, OR 97296
To make a gift online, please visit OnwardOHSU.org.
Contact us at supporttheknight@ohsu.edu