

I/we wish to make a gift/pledge in the sum of \$		to support OHSU. Please designate my gift to the following area		
Option One: Pledg	e			
	i// and will be paid over a perio id in payments of \$ (number)		☐ 5 years.	
Please send reminders	s:			
Option Two: Outrig	ght Gift full in the amount of \$			
Method of Paymen	ıt			
☐ Check enclosed (ma	ade payable to: OHSUF or DCHF)			
☐ Please charge my:	☐ American Express ☐ Discover	Credit card number	Exp. date	
	☐ MasterCard ☐ Visa	Signature		
Donor Information				
Name(s): (Dr./Mr./Mrs.	/Ms.)			
Address:				
City/state/zip:				
E-mail:				
Note: If you expect a co	cched by my/my spouse's company. Compa rporate match to your pledge payment(s), pl ng gift form to the OHSU Foundation.		t of your pledge. Please send	
☐ I/we wish to remain	anonymous. \square Do not list my/our	r name(s) on honor rolls.		
Donor Signature		Date		
Honorary or Memo	orial Gift			
If you wish to pay spec	cial tribute to someone with your gift, plea	se indicate: \square in memory of	\square 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 relat honoree/deceased?	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