OHSU Employee Giving Form

Full Name: _		
Job Title:		Department:
Campus Ado	dress:	Mail Code:
Campus Phone: Email:		@ohsu.edu
Home Addre	ess:	
City:		State: Zip:
Home Phone: Home Em		ail:
	e to designate my contribution as follows: All designation amounts must equal overall pledge Fund for the Advancement of Women's Leadership (OHSUWMNA	amount. \$5.00 minimum per pay period.
\$	Oregon Health & Science University	
\$	Doernbecher Children's Hospital Other OHSU Fund:	
Dlaggavisit	vww.ohsufoundation.org for additional fund desig	an ations
Method of Payroll dedu ☐ I wish to P	•	DCH* (\$5.00 minimum per pay period)
☐ Please	e the Payroll Department to deduct the above indices make this a recurring pledge. Payroll deductions versions when the make this a 12-month pledge. (24 pay periods X \$ 1.5)	vill continue until I request that they be stopped
Credit Card		
□ \$ □ \$	arge my credit card One-time gift Recurring monthly charge (per month)	Exp date
Check		
☐ One-time	gift of \$ via check made payable to OI	HSU Foundation or DCH Foundation
Notes: *Charit	table gifts to OHSU and DCH are processed by the OHSU Foundat	ion.
please	would like to adjust the amount of your payroll deduction (increase notify the OHSU Foundation Gift Entry Department in writing (canges received after the 10th of the month will be effective the fo	ampus mail code L-344).
Signature:		Date

Please return this completed form to: OHSU Foundation, Annual Giving Department, Campus mail code: L-344 • Phone: 503 412-6377