

## **Donation Form - Gift by Check**

I/we wish to make a gift in the sum of \$ to sup	oport OHSU. Please designate my gift to the following area:
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. O Note: If you expect a corporate match to your pledge paymen pledge. Please send the company's matching gift form to the o	t(s), please do <b>not</b> include it in the total amount of your
□ I/we wish to remain anonymous. □ Do not list my/o	ur name(s) on honor rolls.
Donor Signature	
Honorary or Memorial Gift	
If you wish to pay special tribute to someone with your gift	t, please indicate: $\Box$ in memory of $\Box$ 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, P	O Box 4000, Portland, OR 97208-9852

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