



I/we wish to make a gift/pledge in the sum of \$ _____ to support OHSU Neurosciences.

Option One: Pledge

Payment will begin on ___/___/___.

The balance will be paid in _____ payments of \$ _____. (number)

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 OHSU Neurosciences)

[] Please charge my: [] American Express [] Discover [] MasterCard [] Visa Credit card number Exp. date Signature

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. 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.

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

Donor Signature _____

Honorary or Memorial Gift

If you wish to pay special tribute to someone with your gift, please indicate: [] in memory of [] in honor of

Name: _____

[] Please inform the following of this gift (gift amount will not be included in message)

What is the letter recipient's relationship to the person honored or remembered?

Please mail this form to:

OHSU Foundation Mail Stop 45, PO Box 4000 Portland, OR 97208-9852

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