



I/we wish to make a gift/pledge in the sum of \$_____ to support OHSU Doernbecher Children's Hospital. Please designate my gift to the following area: _____

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 \$_____.
(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: DCHF)

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

Date

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 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: Doernbecher Foundation, P.O. Box 29017, Portland, OR 97296.

To make a gift online, please visit OnwardOHSU.org

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