



I/we wish to make a gift/pledge in the sum of \$\_\_\_\_\_ to:

\$\_\_\_\_\_ OHSU Knight Cancer Institute to support the highest research and care priorities

\$\_\_\_\_\_ OHSU Guest House serving patients and families who must travel long distance for care

\$\_\_\_\_\_ Other

**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 \$\_\_\_\_\_. 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: OHSUF or DCHF)

- Please charge my:  American Express
- Discover
- MasterCard
- Visa

\_\_\_\_\_  
Credit card number Exp. date

\_\_\_\_\_  
Signature

**DONOR INFORMATION**

Name(s): (Dr./Mr./Mrs./Ms.) \_\_\_\_\_

This gift will be matched by my/my spouse's company.

Address: \_\_\_\_\_

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.*

City/state/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

I/we wish to remain anonymous.

Do not list my/our name(s) on honor rolls.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

**HONORARY OR MEMORIAL GIFT**

This gift is:  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: OHSU Foundation, Mail Stop 45, PO Box 4000, Portland, OR 97208-9852

To make a gift online, please visit [OnwardOHSU.org](http://OnwardOHSU.org).

Contact us at [supporttheknight@ohsu.edu](mailto:supporttheknight@ohsu.edu)