DONATION FORM

Making

I/we wish to make a gift/pledge in t Kids Making Miracles	he sum of \$1	to support OHSU. Please designate my gift to the following area
Option One: Pledge Payment will begin on//_ The balance will be paid in (numbe Please send reminders:	r of) payn	eriod of $\boxed{1}$ $\boxed{2}$ $\boxed{3}$ $\boxed{4}$ $\boxed{5}$ years. nents of \$
Option Two: Outright Gift Enclosed is the gift in full in the am	ount of \$	
Method of Payment Check enclosed (made payable) Please charge my: American Express Discover MasterCard Visa	Credit Card Number Exp. Date	
Address: City/State/Zip: Advisor E-mail: This gift will be matched by a co	mpany. Company name: n to your pledge payment(s), ple the OHSU Foundation.	
Honorary or Memorial Gift If you wish to pay special tribute to Name: Please send a letter informing to (gift amount will not be included in	ne following of this gift	se indicate: in memory of in honor of What is the letter recipient's relationship to the honoree/deceased?

Please mail this form to: OHSU Foundation, Attn: Kids Making Miracles, PO Box 29017, Portland, OR 97296

Make a gift online at kidsmakingmiracles.org.

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