



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

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

DCHB15QGEN