

I/we wish to make a gift/pledge in the sum of \$ _____ to support The OHSU Knight Cancer Challenge as part of Business & Labor Unite for the Knight.

Labor or Business Affiliation(s): _____

Option One: Pledge

Payment will begin on _____ and will be paid over 1 2 3 4 5 *years*
 2 3 4 5 6 7 8 9 10 11 12 *months*

The balance will be paid in _____ payments of \$ _____ Please send reminders: yes no
(number)

Option Two: Outright Gift

Enclosed is the gift in full in the amount of \$ _____

Method of Payment

Check enclosed (payable to: OHSU Foundation) _____
 Please charge my: American Express Discover MasterCard Visa
Credit card number _____ Exp. date _____ CID # _____
Signature _____ (last 3 digits on back of card - 4 digits for AMEX)

Donor Information

Name(s): (Dr./Mr./Mrs./Ms.) _____

Address: _____

City/state/zip: _____

Email: _____

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 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 form to: OHSU Foundation, MS/45, PO Box 4000, Portland, OR 97208