

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