



CONTRIBUTION FORM

Please use this fill-able form to complete all of the requested information and submit to OHCF as explained at the bottom of this page

Name _____

Company _____

Address _____

City, State Zip _____

Phone _____ E-Mail _____

I wish to support the Oregon Health Care Foundation with a contribution of \$_____.

I would like this gift to be recognized in the OHCF Honor Roll of Donors as coming from:
_____.

Enclosed is my check *made payable to the Oregon Health Care Foundation (OHCF)*.

Please charge to: Visa MasterCard American Express

Name on Card: _____

Account Number: _____

Expiration Date: _____ V-Code: _____ (3-digit security code on back of card)

Signature: _____ Date: _____

I would like to fund my gift by transferring shares of appreciated securities to the Foundation. Please call me with transfer information. The best way to reach me is _____.

I wish to make a pledge in the amount of \$_____ to be paid over _____ (1-3) years at \$_____ per year beginning _____ and concluding _____.

Please send this form with your contribution to:

Oregon Health Care Foundation
Attention: Carol Grebin
11740 SW 68th Pkwy, Ste 250
Portland, OR 97223

Phone: (503) 726-5225

Fax: (503) 726-5259

Email: cgrebin@ohca.com