

SOUTHERN OREGON UNIVERSITY FOUNDATION

1250 Siskiyou Boulevard • Ashland, OR 97520 • (541) 552-6127 • www.soufoundation.org

GIFT FORM

CONTACT INFORMATION

Donor Name: _____ Date: _____

Address: _____

City, St Zip: _____

Phone: _____ Email: _____

Joint Gift with: _____

Spouse Other (Relationship) _____

GIFT INFORMATION

Donation Amount: \$ _____

Please check one or more of the boxes below to indicate where to direct your gift:

The SOU Annual Fund: \$ _____

Other (please specify): \$ _____ Fund: _____

Other (please specify): \$ _____ Fund: _____

Other (please specify): \$ _____ Fund: _____

Please mark my/our gift as anonymous: Yes No

Is this gift an honorarium or memorial gift? _____

(Name of honoree or deceased)

My gift will be matched by my employer: Yes No _____

(Organization name)

PAYMENT INFORMATION

Check (Please make checks payable to **SOU Foundation**)

Secure online donation at: www.soufoundation.org

Credit Card: Visa MasterCard Discover American Express

Card #: _____ Exp. Date: _____

Name on card: _____

(Please print)

Signature: _____

Comments: