



## Donor Information

salutation: \_\_\_\_\_ UO affiliation: \_\_\_\_\_

first name: \_\_\_\_\_ last name: \_\_\_\_\_

mailing address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_

e-mail: \_\_\_\_\_ phone number: \_\_\_\_\_ home  
cell  
work



## Gift Information

Please designate my gift to the following school/fund (if left blank, gifts will be directed to the President's Success Fund):

amount \$: \_\_\_\_\_ school/fund: \_\_\_\_\_

purpose:	new authorization	change donation amount	change card information	cancel established donation
frequency:	monthly (on the 2nd, \$10 min)	monthly (on the 16th, \$10 min)	quarterly (1/2, 4/2, 7/2, 10/2, \$25 min)	
duration:	on-going	set number of payments	# of payments: _____	start date: <input type="text"/>

I want to save time and money in supporting the University of Oregon through recurring payments. I hereby authorize the University of Oregon Foundation to initiate a recurring charge to the credit card below for the frequency and duration described above. I understand that I have the right to stop payments with written notification sent 20 days prior to the date of my next payment. I understand that it is my responsibility to keep the Foundation updated on changes to credit card information and expiration dates. I understand that both my financial institution and/or UOF reserve the right to terminate my payment plan.

card type: \_\_\_\_\_ card number: \_\_\_\_\_

name on card: \_\_\_\_\_ expiration (month/year): \_\_\_\_\_ security code: \_\_\_\_\_

donor signature: \_\_\_\_\_ date: \_\_\_\_\_

Your gifts will appear on your statement automatically. You will receive a gift receipt each January from the University of Oregon Foundation for your tax purposes.

## Questions?

Please contact our Gift Services team at [giftservicesdept@uofoundation.org](mailto:giftservicesdept@uofoundation.org) or call 541.302.0337  
|1720 E. 13th Avenue, Suite 410 | Eugene, OR 97403-2253 |