



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:

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 or call 541.302.0337
|1720 E. 13th Avenue, Suite 410 | Eugene, OR 97403-2253 |