

Gift Form

Contact Information

Donor Name: _____ Date: _____
Address: _____ City: _____ State: _____ 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 Fund \$ _____
 Other (please specify): \$ _____ Fund: _____
 Other (please specify): \$ _____ Fund: _____
 Other (please specify): \$ _____ Fund: _____

Please mark my/our gift as anonymous: Yes No

This gift is an honorarium or memorial gift?
(Name of honoree or deceased)

My gift will be matched by my employer: Yes
(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: _____

Please make checks payable to the Southern Oregon University Foundation

1250 Siskiyou Boulevard • Ashland, OR 97520 • 541-552-6127 • soufoundation@sou.edu • www.soufoundation.org

A gift fee of 3% may apply to your donation. This fee provides essential operational support for the SOU Foundation. The SOU Foundation Tax ID # is 23-7030910.