



DONATION FORM

Friends of OSD is a 501(c)(3) non-profit corporation. Donations are tax deductible to the extent allowed by law.

Name _____

Address _____

City, State, Zip Code _____

Phone _____ E-mail _____

FOSD assists the Oregon School for the Deaf by enriching the educational opportunities for students, by sponsoring cultural activities, by encouraging innovative programs, and by financially supporting minor capital improvements. Your donation will be utilized where funds are most needed, unless you include instructions specifying your preference. We also acknowledge memorial and honorary donations.

My donation, check # _____ in the amount of \$ _____, is enclosed.

I would like to **make regular contributions** to Friends of OSD

in the amount of \$ _____ each _____ month _____ quarter _____ year

____ Please send me a friendly reminder. OR _____ Don't worry, I'll remember.

____ Please send me information about how I can **make regular electronic donations** from my bank or credit union to Friends of OSD's bank account.

If you would like to **make a memorial donation**, please provide the following:

Name of person(s) being memorialized _____

Send acknowledgement to (name) _____

(address) _____

If you would like to **make a donation in honor of, or on behalf of another person**, Friends of OSD will send an announcement to them if you provide the following:

Name of person(s) being honored _____

Address of person(s) being honored _____

Occasion or event (birthday, graduation, marriage, etc.) _____

Friends of OSD does not sell or trade donor information. However, we would be happy to **list your name in the Friends of OSD website Donor's Circle**—with your permission: _____ Yes _____ No

Please print and mail this form, along with your donation, to:

**Friends of OSD
PO Box 15053
Salem OR 97309**