



DONATION FORM

**Friends of OSD is a 501(c)(3) non-profit corporation. Donations are tax deductible to the extent allowed by law.
Friends of OSD does not sell or trade donor information.**

Name _____

Address _____

City, State, Zip Code _____

Phone _____ Email _____

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. We encourage donations for general support, and we appreciate your trust in our financial stewardship. However, if you prefer to donate to a specific cause, please so indicate on this form or payment.

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 **electronic donations** to Friends of OSD.

We also gratefully acknowledge memorial and honorary donations.

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.) _____

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

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