



HEART OF OREGON CORPS – TRAINING TOMORROW’S WORKFORCE TODAY
GIFT/PLEDGE FORM – CAMPUS CAMPAIGN

DONOR NAME(S) _____

My/our name may be recognized as _____

I/we wish to remain anonymous

CONTACT INFORMATION

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT INFORMATION One-Time Gift of \$ _____

Gift Over Time: Total Pledge of \$ _____ over the next (1-5) _____ years

Beginning on: Month: _____ Year: _____ Ending on: Month: _____ Year: _____

PAYMENT METHOD

Check enclosed (please make payable to Heart of Oregon Corps)

I will make a payment through the online donation link at www.heartoforegon.org

Invoice me

One-Time Invoice

Multiple Invoices: Monthly Quarterly Bi-Annual Annual

Credit Card Payment

One Time Payment

Multiple Payments: Monthly Quarterly Bi-Annual Annual

Name on Card: _____

Card # _____ Exp Date ____/____ CVV ____

Check this box to include the 3% credit card processing fee with your donation

Bank Account Transfer

One-Time Transfer

Multiple Transfers: Monthly Quarterly Bi-Annual Annual

Begin on Month/Day: _____ Year: _____ End on: Month/Day: _____ Year: _____

Name of Bank: _____

Account #: _____ Routing #: _____

I am interested in making a stock donation

My employer will match this donation, please contact me for details

Signature: _____ Date: _____

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www.heartoforegon.org