Donor Information:

Name(s)*

Address              City     State                                                    Zip

Email              Home Phone              Cell Phone

*In the event of a public records request, the university is required by law to release the names of donors and the date, amount and terms of their gifts.

I/we would like to make the following gift(s) to The Ohio State University Foundation for the benefit of WOSU Public Media:

$ ____________________________ To fund name/fund number: WOSU Capital Campaign New Building (#315660)

Payment Options:

Pledge Commitment

I/We will make  □ monthly  □ quarterly  □ semi-annual  □ annual payments in the amount of $ ____________________________

beginning in the month of ____________________________ year ____________________________

Signature(s) ____________________________ Date ____________________________

Credit Card

Recurring gift

I authorize The Ohio State University to charge my credit card in the amount of $ ____________________________ per month on the:

□ 1st of the month*  □ 15th of the month*

One-time gift

This is a one-time gift of $ ____________________________

Complete your credit card information:  Print Name on Card ____________________________

_________ __ _______ ___________ ___________ ___________ ___________ ___________  Signature ____________________________

Expiration Date __ __ – __ __  Date ____________________________

Check Enclosed

Make checks payable to The Ohio State University Foundation, Fund #315660 (in memo).

Online

Visit wosu.org/campaign

Visit giveto.osu.edu/matching or call 614-292-2141 to see if your employer will match your gift.