I Believe in Ohio State

Campus Campaign 2011

campuscampaign.osu.edu

Name _____ Title _____

Phone _____ E-mail _____

Department Number and Name _____

Room Number and Building _____

Street Address _____ City, State Zip _____

Is this a joint gift with a spouse/partner who is also an employee of The Ohio State University? ◯ Yes ◯ No

Is your spouse or partner an alumni of The Ohio State University? ◯ Yes ◯ No

Spouse/Partner Name _____

☐ Please send me information/contact me about establishing an endowed fund.
☐ Please send me information about including Ohio State in my estate plans.
☐ I have already included Ohio State in my estate plans.

To search for funds or give online, visit campuscampaign.osu.edu.

Click "Make Your Gift Online or Search for Funds." Medical Center staff and faculty can access the Campus Campaign giving site through OneSource, the Medical Center's intranet.

Please return your completed form to: The Ohio State University, Office of University Development, Room 121, 1480 West Lane Avenue, Columbus, OH 43221. You can also send via campus mail.

For more information, please contact the Campus Campaign Office at ccampaign@osu.edu or (614) 292-3065.

Payroll Deductions

Print this form

New payroll deductions

$ _____ (per pay) to Fund Number 309039 Fund Name WCA-Campus Campaign
$ _____ (per pay) to Fund Number _____ Fund Name _____
$ _____ (per pay) to Fund Number _____ Fund Name _____
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$ _____ (per pay) to Fund Number _____ Fund Name _____
$ _____ (per pay) to Fund Number _____ Fund Name _____
$ _____ (per pay) to Fund Number _____ Fund Name _____
$ _____ (per pay) to Fund Number _____ Fund Name _____
$ 0.00 Total per pay

Deduction amount is per pay. No one-time deductions. Minimum $1 per pay period.

Deductions are continuous, until further notice and thus automatically roll over to the next campaign year unless the campus campaign or gift processing offices are notified otherwise. [(614) 292-3065 or (614) 292-2141]

Cash, Check, or Credit Card Gifts

Gifts I would like to make at this time

$ _____ to Fund Number 309039 Fund Name WCA-Campus Campaign
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ _____ to Fund Number _____ Fund Name _____
$ 0.00 Total one-time contributions

Payment information

◯ Cash — Drop off in person at 1480 West Lane Avenue. Please do not send cash through campus mail.
◯ Check — Make payable to *The Ohio State University Foundation.*
◯ Credit card — Minimum $5. Complete information below.

◯ VISA ◯ MasterCard ◯ DISCOVER ◯ AMERICAN EXPRESS

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Credit card number ☐☐ - ☐☐ Expiration date

X _____

Your signature is required to process your gift.

Thank you! 100% of each gift goes to the funds you choose.