



Donation/Pledge Form

Name:	Date:
Company: <i>(if donating on behalf of)</i>	
Address:	
Email:	Phone:
Relation to OTF/OSU Turf Management Program:	

Donation/Pledge Amount: \$
Terms: <input type="radio"/> One Time Payment <input type="radio"/> \$_____per year for _____years

Campaign: <input type="radio"/> OSU Endowment Campaign <input type="radio"/> OTF Legacy Circle <input type="radio"/> OTF General Fund
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Company Matching Donation:

<input type="radio"/> OTF is included in my will or estate plan.
<input type="radio"/> Please send me information about including OTF in my will or estate plan.

Donor Recognition: <input type="radio"/> List my name/company as: _____ <input type="radio"/> In Honor of: _____ <input type="radio"/> In Memory of: _____ <input type="radio"/> I wish to remain Anonymous
