



Donation Form

Your generous donation to the Pain Society of Oregon supports our programs and services benefiting people living with pain. On behalf of the PSO: Thank you!

This gift is on behalf of an: Individual Corporation Foundation Other: _____

Please give my gift in honor of _____. Please make my gift anonymous.

I wish to make a single donation in the amount of: \$25 \$50 \$100 \$500 Other: \$_____

I wish to become a benefactor and pledge \$_____ for a total of _____ consecutive years.

Individual/Foundation/Company:

Name/Contact		Email	
Company Name (if applicable)			
Address			
City	State	Zip	
Phone		Cell	

How do you prefer we contact you? Mail Phone Email

I have included:

Check (Payable to the Pain Society of Oregon) Visa/MC Amex Discover

Name on Card:		
Credit Card Number:	Expiration Date	CCV
Billing Address (If different than above):		
City	State	Zip

I _____, agree to have the Pain Society of Oregon deduct the amount indicated on this form from my credit card account detailed above.

Would you like to receive future information about the Pain Society of Oregon?

Monthly Meetings Conferences Fundraisers & Events Volunteer Opportunities

Mail, fax or email this form and your gift to: Pain Society of Oregon, 360 S Garden Way, Ste 101, Eugene OR 97401 Fax: 541/345-7301 Email: info@painsociety.com

The Pain Society of Oregon is grateful for the support it receives. One of the ways we express our thanks is by listing the names of donors in Web-based and/or print honor rolls. Should you wish that your name not appear as a donor, please notify us at (541) 345-7300 if you have not already done so.