

Oregon Society of Artists Gift Transmittal Form

2185 SW Park Place ◦ Portland, OR ◦ 97205

Name: _____

Address: _____

City/Town: _____

State _____

Zip Code _____

Phone No. _____

Email: _____

Amount of Gift: \$ _____

Payment Options:

_____ Full Payment Enclosed

_____ Semi-Annual

_____ Quarterly

To make your gift on credit card:

Card Holder's Name: _____

_____ VISA

_____ Master Card

_____ American Express

Card Number: _____

Expiration Date _____ / _____

**Your gift to the Oregon Society of Artists is fully tax deductible
as no tangible benefits will be conferred.**