



The Ohio State University, Department of Athletics  
Gift Form - Softball Program Support Fund

Donor Name \_\_\_\_\_

Please provide address, phone & email below for receipting purposes:

Address \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Contact Number ( ) \_\_\_\_\_ Email \_\_\_\_\_

Fund Name/Number: 311245 - Softball Program Support Fund

**Required Gift Information:**

(Please indicate method of giving)

Charge to Credit Card \_\_\_\_\_ Check Enclosed \_\_\_\_\_

Total Gift Amount \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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PLEASE NOTE: Please write the full Credit Card Number on the line below. Once the payment has been processed, the bottom portion of this form will be shredded or redacted for your security.

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_