



The Ohio State University, Department of Athletics
Gift Form - Jessica C. Beck Memorial Scholarship Fund

Donor Name _____

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

Address _____

City _____ State _____ Zipcode _____

Contact Number () _____ Email _____

Fund Name/Number: 660390 - Jessica C. Beck Memorial Scholarship Fund

Required Gift Information:

(Please indicate method of giving)

Charge to Credit Card _____ Check Enclosed _____

Total Gift Amount _____

Signature: _____

Date: _____

Additional Comments: _____

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: _____