O UNIVERSITY OF OREGON

University Venture Development Fund

Contribution and tax credit application form Important: Must be signed by taxpayer and representative (if applicable)

The applicant ("Applicant") identified below hereby makes a contribution to the University of Oregon Venture Development Fund and applies for a tax credit certificate. Applicant understands that the University will consider this application as set forth in ORS 351.692 to 351.697, ORS 315.521, and OAR 580-043-0085.

Applicant further understands that the University will notify Applicant of the approval or denial of this application. If this application is approved, the University will issue a tax credit certificate specifying the amount of Applicant's contribution.

If the application is denied, the University will notify the Applicant of the basis for the denial and that Applicant may submit a written request for a refund of the contribution. A request for a refund of the contribution must be made within 90 days of the receipt of the notice of denial. The Applicant also acknowledges that eligibility for a tax credit is subject to applicable law.

Applicant	pplicant Social Security or Oregon Tax ID #				
Address	dress Telephone				
City	State	Zip Code	E-mail		
Contact person (if othe	er than above)				
Amount of Contributio	on: \$				
		eck payable to the University of the University of the second second second second second second second second s	ersity of Oregon Foundat plication is filed.	ion.	
Signature of Applican	t		Date		
Signature of Applicant's Representative				_ Date	
Name of Representa	tive		Title		
Send completed applic	cation and cont	ibution to:			
UVDF Processing University of Oregon 1720 E. 13th Avenue, Sui Eugene, OR 97403-225	-				