



**OREGON STATE UNIVERSITY
VENTURE DEVELOPMENT FUND**

CONTRIBUTION AND TAX CREDIT APPLICATION FORM*

The applicant ("Applicant") identified below hereby makes a contribution to the OREGON STATE UNIVERSITY 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: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Applicant Tax ID#: _____

Contact person (if other than above): _____

Telephone: _____ E-mail: _____

Amount of Contribution (if made in cash): \$ _____

NOTE: The contribution must be made when the application is filed. If the application is denied, Applicant will have an opportunity to request a refund of the contribution.

Signature of Applicant: _____ Date: _____

Signature of Applicant's Representative: _____ Date: _____

Name of Representative

Title

SUBMIT COMPLETED APPLICATION, INCLUDING CONTRIBUTION TO:

Mark McCambridge
Vice President for Finance & Administration
Oregon State University
850 SW 35th Street
Corvallis, OR 97333

*This form must be signed by the Taxpayer and the Taxpayer's Representative, if any.