



UM EMPLOYEE GIFT PAYROLL DEDUCTION FORM

(PLEASE TYPE OR PRINT. ALL INFORMATION IS REQUIRED)

TO BEGIN YOUR PAYROLL DEDUCTION, SIMPLY COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO THE FOLLOWING ADDRESS:

MICHIGAN MEDICINE
OFFICE OF DEVELOPMENT
777 E. Eisenhower Pkwy., Suite 650
Ann Arbor, MI 48108-3268

REMINDER
FORMS MUST BE RECEIVED
BY THE 25TH OF THE MONTH
TO BE INCLUDED IN THE
FOLLOWING MONTH'S PAYROLL DEDUCTION.

LAST NAME FIRST NAME M.I.

UMID# _____

HOME ADDRESS _____

EMAIL _____

I AUTHORIZE THE FOLLOWING PAYROLL DEDUCTION PER MONTH:
* GIFTS ARE DEDUCTED FROM 2ND PAY OF THE MONTH FOR BI-WEEKLY PAID EMPLOYEES

Total amount of Pledge: \$ _____

BEGINNING: MONTH _____ YEAR _____ ENDING (OPTIONAL) MONTH _____ YEAR _____

GIFT DESIGNATED \$ _____ FUND NAME _____

GIFT DESIGNATED \$ _____ FUND NAME _____

GIFT DESIGNATED \$ _____ FUND NAME _____

SIGNATURE _____ DATE _____

A charitable tax receipt will be emailed to you in January for gifts given in the previous year.
Thank you for your support!
mimed-gifthelp@umich.edu
734.764.6777