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.

UMID# __________________________

LAST NAME FIRST NAME M.I

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

Rev 11/2021