



UM EMPLOYEE GIFT PAYROLL DEDUCTION FORM

(Please type or print)

THE MICHIGAN DIFFERENCE

U/M ID#
Last Name First Name Initial
Home Address
Work Phone:
Email:
City State Zip

I authorize the following:

Total gift of: \$
Payroll deduction of: \$ per month (\$5 minimum)
Number of months (\$5 month minimum)
Beginning: Month Year

If you'd like to receive a free desk calendar, please provide your UMHS address:
Dept/Bldg
Address:

Gift designated to (Name of fund):

Signature: Date:
(required)

Dear Donor:

Please complete the above information and return to:
Danielle Sinanian
Office of Medical Development
301 E. Liberty Street, Suite 400 / Box 2251

If you prefer, the form can also be faxed to Danielle at 998-8821.

Questions? Please call Danielle Sinanian at 998-7706.

TIMING:
Form must be received 4 working days prior to the end of the month to be included in the next month's payroll deduction.

THANK YOU FOR SUPPORTING THE MICHIGAN DIFFERENCE!

FOR MEDICAL DEVELOPMENT OFFICE USE:

Entity ID Pledge ID DAC Allocation/Shortcode
AGF ZDA06 MED
CAMPAIGN REUNION UNIT TOTAL PLEDGE AMOUNT PREMIUM DOLLAR VALUE