



**MEDICAL
CENTER
ALUMNI
SOCIETY**

White Coat Sponsor Form

PERSONAL INFORMATION

Title:	First Name:	Last Name:
Specialty:		
Medical School Attended:		Year Graduated:
Residency Program Attended:		Year Completed:
Street Address:		
City:	State:	Zip Code:
Phone:	Email Address:	

ORDER & PAYMENT INFORMATION (\$100/White Coat)

I would like to make a gift of _____ White Coat(s)

\$_____ Payment enclosed - check made payable to: **The University of Michigan**

Please charge \$_____ to my credit card (circle one):

Master Card Visa AMEX Discover

Account Number _____

Expiration Date: _____

Card Holder's Signature: _____

Please fill out this form in its entirety. Mail the form and payment to:

University of Michigan
 Medical Development and Alumni Relations
Attn: White Coat
 1000 Oakbrook Drive – Suite 100
 Ann Arbor, MI 48104
 Please contact our office at **(734) 998-7705** with any questions you may have.

Thank you for your gift!

For office use only

EID: _____ SC: 310300 Campaign: AG Reunion: S Unit: