

University of Michigan Brehm Center Giving Form



Donation Type

Enclosed is my gift of \$ _____

OR

I would like to make a pledge of \$ _____

To be paid: Monthly Quarterly Semi-Annually Other _____

Enclosed is my initial payment of \$ _____

Pledge signature _____ Date _____

Payment Information

Please make check payable to: *The Regents of the University of Michigan*

Please charge my gift to my credit card Circle type: MasterCard Visa AMEX Discover

Account Number _____ Expiration Date _____

Signature _____ Date _____

(required for all credit card payments)

Personal Information

Name _____

Address _____

City _____ State _____ Zip _____ Email _____

I am:

- An Alumnus
- A grateful patient
- A friend of the institution

Phone _____

Gift Information

(Please check one option)

This gift is in honor of _____

This gift is in memory of _____

Please notify the following person / family of my gift (*I understand there will be no mention of the gift amount*):

Name _____

Address _____

City _____ State _____ Zip _____

Comments about gift: _____

*100% of your gift is tax-deductable (subject to limitations placed on charitable gifts).
You will receive a receipt from the University of Michigan mailed to the above address.*