



Please mail form to:
The Michigan Comprehensive Diabetes Center
Attn: Allison Picinotti
1150 W. Medical Center Dr.
5570 MSRB II
Ann Arbor, MI 48109-0678

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 Select type: MasterCard Visa AMEX Discover

Account Number Expiration Date

Signature (required for all credit card payments) Date

Personal Information

Name Address City State Zip I am: An Alumnus A grateful patient A friend of the institution Phone Email

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:

* Your gift will go to the area of greatest need. 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.