



# U-M EMPLOYEE GIFT PAYROLL DEDUCTION FORM TO THE GALEN B. TOEWS, M.D., PROFESSORSHIP IN PULMONARY & CRITICAL CARE MEDICINE

(PLEASE TYPE OR PRINT)

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ INITIAL \_\_\_\_\_ U-M ID# \_\_\_\_\_  
(REQUIRED)

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 \_\_\_\_\_

GIFT DESIGNATED TO FUND: THE GALEN B. TOEWS, M.D., PROFESSORSHIP IN PULMONARY & CRITICAL CARE MEDICINE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(REQUIRED)

**PLEASE SEND COMPLETED FORMS TO:**

**LORI HIRSHMAN**

**INTERIM DIRECTOR OF DEVELOPMENT  
DEPARTMENT OF INTERNAL MEDICINE  
OFFICE OF DEVELOPMENT**

**1000 OAKBROOK DRIVE, SUITE 100  
ANN ARBOR, MI 48104  
SPC 6796**

**EMAIL: [HIRSHMAL@UMICH.EDU](mailto:HIRSHMAL@UMICH.EDU)  
PHONE: 734-763-6080**

## FOR DEVELOPMENT OFFICE USE:

Marie Marsnick	734-763-5999	marsnick@umich.edu		
Development Contact Name	Phone	Email		
<input type="text"/>	<input type="text"/>	<input type="text" value="318811"/>		
ENTITY ID	PLEDGE ID	DAC Allocation/Shortcode		
<input type="text" value="AG"/>	<input type="text" value="ME38"/>	<input type="text" value="W"/>	<input type="text"/>	<input type="text"/>
CAMPAIGN	UNIT	REUNION	TOTAL PLEDGE AMOUNT	PREMIUM DOLLAR VALUE