



Department of Internal Medicine Gift Form

In the pursuit of excellence, the Department of Internal Medicine has always relied on private support. Today the need for support is greater than ever. There is no more gratifying gift than one that advances the future of patient care, research and education at the University of Michigan Health System.

I am:  an alumnus  a grateful patient  a friend of the institution

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

phone #: \_\_\_\_\_ email: \_\_\_\_\_

I/We would like to make a gift of \$ \_\_\_\_\_

\*Please indicate area of interest: \_\_\_\_\_

My gift is In honor/in memory of: \_\_\_\_\_

Please notify the following person(s) of my gift (the amount will not be shared):

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip: \_\_\_\_\_

phone #: \_\_\_\_\_ email: \_\_\_\_\_

comments: \_\_\_\_\_

I/We have enclosed a check payable to the University of Michigan

Please charge my  VISA  Mastercard  AmEx  Discover

account: \_\_\_\_\_ exp. date: \_\_\_\_\_

signature: \_\_\_\_\_

\* Your donation will go to the area of greatest need if no area of interest is specified. 100% of your gift is tax-deductible (subject to limitations placed on charitable gifts). You will receive a receipt from the University of Michigan mailed to the above address)

Yes, I would like to learn more about the Department of Internal Medicine

Yes, I would like to learn more about clinic and research tours

Yes, I would like to learn more about making a pledge

Yes, I would like to learn more about including the University of Michigan in my estate plans.

special notes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please mail to**

Department of Internal Medicine  
Development Office  
3100 Taubman Center  
1500 E. Medical Center Drive  
Ann Arbor, MI 48109-5368

(866) 860-0026

Intmed-development@umich.edu

