

Michigan Center for Translational Pathology Donation Form

Donation Type

I want to make a gift of \$

I have enclosed my (or my spouse's) employer matching gift form.

Personal Information

Name

Address

City

State

Zip

Phone - -

E-Mail

Credit Card MasterCard VISA
 Am Ex Discover

Name as appears on card

Credit Card #

Expiration Date (mm/yy)

Authorized Signature Required

To whom would you like to dedicate this gift?

(please check one option) I make this gift in honor of

I make this gift 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

Would you like to include a comment with your gift?

- I would like to learn more about the Michigan Center for Translational Pathology
- I would like to learn more about making a pledge
- I would like to learn more about including the Michigan Center for Translational Pathology in my estate plans

Please make checks payable to “University of Michigan” and send to:

Steffanie Fineman, Director of Development
Michigan Center for Translational Pathology
3875 Taubman Center
1500 E. Medical Center Dr.
Ann Arbor, MI 48109-0330

Thank you!

