



Michigan Diabetes Research & Training Center

Please mail form to:

The Michigan Diabetes Research & Training Center
Attn: Linda Potter
Room G 148
400 N. Ingalls
Ann Arbor, MI 48109 - 5488

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 (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-deductible (subject to limitations placed on charitable gifts). You will receive a receipt from the University of Michigan mailed to the above address.

Help to Find a Cure