



THE MICHIGAN DIFFERENCE

RADIOLOGY GIFT FORM

I/we would like to contribute to the University of Michigan Health System Department of Radiology with a gift.

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I/We pledge the above amount payable over: 1 2 3 4 5 years

Please indicate area of interest: Adusumilli Professorship
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Pledge Signature (required for Pledge): _____

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

Please charge my/our: VISA Master Card Discover American Express

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Please contact me/us for more information regarding a: Bequest Gift Annuity Stock Transfer

The University will diligently administer your gift as a permanent endowment under Michigan law and University endowment distribution policies.

Any surplus distributions from the Fund during any period may be accumulated for later use for the above purposes or may be added to the principal of the fund at the University's discretion.

PLEASE MAIL TO:
Department of Radiology, Development and Alumni Relations
2110 Taubman Center
1500 E. Medical Center Drive, 5346
Ann Arbor, MI 48109-5346

For more information:
Please contact us at 734.232.6402