



# 13<sup>th</sup> Annual Holiday Stockings for Chemotherapy Patients Project 2011 Holiday Season

*University of Michigan*  
*Department of Internal Medicine*  
*Division of Hematology/Oncology*  
**Donation Form**

Name:	
Company (if applicable):	
Mailing Address:	
Campus Address/Box:	

I would like to be a <b>Project Sponsor</b> . Please accept my donation of \$_____ (\$100 minimum suggested donation)	<b>OR</b>	I would like to <b>Sponsor Stockings</b> . Please accept my donation of \$_____ (\$5.00 each stocking)
Please make my donation in honor of or memory of:		
Please send notification of this donation to:		
I would like to pay by credit card. Please specify your credit card type:		
Please write your credit card number & expiration date here:		

Would you like your name added to the gift card that accompanies each stocking?    Yes    No

Is this an **anonymous donation** to the University of Michigan?    Yes    No

Please make checks payable to: *University of Michigan*  
& enter *Holiday Stockings* in the memo section of your check.

**PLEASE RETURN THIS FORM TO:**

**Mail form and donation to:**  
University of Michigan  
Department of Internal Medicine  
Development Office  
1000 Oakbrook Dr., Suite 100  
Ann Arbor, MI 48104

**Or Fax form & credit card donation to:**  
Fax: (734) 998-8826  
Attention: Holiday Stockings

**Thank you for your contribution to the  
2010-2011 Holiday Stocking Project!**

Watch our progress: <http://www.med.umich.edu/stockings/index.htm>