

Michigan Urology Center Gift Giving Form

I want to make a gift of :	\$	Please make checks payable to "University of Michigan" and send to: Director of Development Michigan Urology Center 3875 Taubman 1500 E. Medical Center Dr. Ann Arbor, MI 48109-0330
I would like my gift to support:		
<input type="checkbox"/>	Prostate Cancer	
<input type="checkbox"/>	Bladder Cancer	
<input type="checkbox"/>	Pediatric Urology	
<input type="checkbox"/>	Minimally Invasive Urology	
<input type="checkbox"/>	I would like to give to the following fund/doctor of my choice [_____]	

I have enclosed my (or my spouse's) employer matching gift form Personal Information:

Name	
Address	
City	
State	
Zip	
Phone	Area Code Phone Number [] -[] -[]
E-Mail	

Credit Card Information:

Name as it appear on the 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	

<input type="checkbox"/>	I would like to learn more about the Michigan Urology Center
<input type="checkbox"/>	I would like to learn more about making a pledge
<input type="checkbox"/>	I would like to learn more about including the Michigan Urology Center in my estate plans

