



VICTORS FOR MICHIGAN

MEDICINE NEEDS VICTORS

UM EMPLOYEE GIFT PAYROLL DEDUCTION FORM

(PLEASE TYPE OR PRINT. ALL INFORMATION IS REQUIRED)

TO BEGIN YOUR PAYROLL DEDUCTION, SIMPLY COMPLETE THIS AUTHORIZATION FORM AND RETURN IT TO THE FOLLOWING ADDRESS:

MICHIGAN MEDICINE
OFFICE OF DEVELOPMENT
1000 OAKBROOK DR., STE 100
ANN ARBOR, MI 48104-6815

REMINDER
FORMS MUST BE RECEIVED BY
THE 25TH OF THE MONTH
TO BE INCLUDED IN THE
FOLLOWING MONTH'S PAYROLL DEDUCTION.

LAST NAME FIRST NAME M.I

UMID# _____

HOME ADDRESS _____

EMAIL _____

WORK # _____

I AUTHORIZE THE FOLLOWING PAYROLL DEDUCTION PER MONTH:

* GIFTS ARE DEDUCTED FROM 2ND PAY OF THE MONTH FOR BI-WEEKLY PAID EMPLOYEES

BEGINNING: MONTH _____ YEAR _____ ENDING (OPTIONAL) MONTH _____ YEAR _____

GIFT DESIGNATED \$ _____ FUND NAME _____

GIFT DESIGNATED \$ _____ FUND NAME _____

GIFT DESIGNATED \$ _____ FUND NAME _____

SIGNATURE _____ DATE _____

A charitable tax receipt will be emailed to you in January for gifts given in the previous year.

Thank you for your support!

umhs-gifthelp@umich.edu

734.764.6777 PHONE