

The University of Michigan-Dearborn -- PLEDGE

Enclosed is my gift of \$ _____ designated to _____

Total Pledged: \$ _____
Amount Enclosed: \$ _____
Balance \$ _____

I will make gift payments: Monthly Quarterly Semi-Annually

Annually over a period of ____ years beginning _____ or as follows:
month year list schedule

Enclosed is a check made payable to the University of Michigan for \$ _____.

Signature (required for all pledge gifts) _____ Date _____

For office use only:

Legacy: _____ Camp: _____ Schl: _____ Reun: _____

First Name: _____ Middle Name: _____ Last Name: _____

School/College of First UM Degree: _____ Year of First UM Degree: _____

Mailing Address: _____

Daytime Phone (include area code): _____ Evening Phone (include area code): _____
Email Address: _____

Job Title: _____ Employer: _____
Address: _____

Fax Number (include area code): _____

Spouse Name: _____

My spouse is a UM alum: Yes No

If yes:

School/College of First UM Degree: _____ Year of First UM Degree: _____

I/We would like my/our name(s) to appear on the receipt as indicated below:

For your convenience, we will send you a pledge reminder and a receipt for all pledge payments. Please note on this form any additional funding sources that will be making payments on this pledge (i.e., trusts corporations, charitable gift funds).

Thank You for Your Gift!

Please mail this form to:
The University of Michigan-Dearborn
Office of Institutional Advancement
1040 Administration Building
4901 Evergreen
Dearborn, MI 48128-1491

Call (313) 593-5130 for assistance.