

**The University of Michigan-Dearborn – ONE-TIME GIFT**

Enclosed is my gift of \$ \_\_\_\_\_ designated to:

The University of Michigan-Dearborn Annual Fund

Other:

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Enclosed is a check made payable to the University of Michigan.

Charge my gift to:  Visa  MasterCard  AmEx  Discover

Account number:

Expiration Date:

Signature:

Enclosed is my employer's completed Matching Gift form.

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:

I (or my spouse) work(s) for a matching gift company:  Yes  No

If yes, matching company name is:

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.