

GIFT CARD

interactive worksheet

instructions

Please complete this portion of the worksheet with a computer and print or print a blank worksheet and complete it in ink. Detach the lower third gift card along the dashed line and mail to the provided address. If you would like to make your gift with a credit card please sign the gift card before returning it.

mailing address

Department of Surgery, UMHS
Attn: Development Office
2101 Taubman Center
1500 East medical Center Drive
Ann Arbor, MI 48109-0346

your information

I am: an Alumnus a grateful patient a friend of the institution

Name: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Enclosed is my gift of: \$1000 \$500 \$250
 \$100 Other: _____

Campaigns Underway Include:

- Norman W. Thompson Fellowship
- Arnold G. Coran Professorship
- Reed O. Dingman Professorship
- Helen & Marvin Kirsh Professorship
- Jeremiah & Claire Turcotte Professorship
- other (please indicate) _____

credit card

Please charge my: VISA Master Card Discover American Express

Account #: _____ Expiration date: _____

or check

Please make your check payable to the **University of Michigan**

* Your donation will go to area of greatest need if no campaign is specified.

** 100% of your gift will be directly applied to campaign you choose.

For more information about gift opportunities, please call the Ann Boyd Stewart or Maria Grupe at 1-800-588-5844



GIFT CARD

I am: _____ (University affiliation)

Name: _____

Address line 1: _____

Address line 2: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Credit Card gifts:

Card issuer: _____ Account #: _____

Expiration date: _____ Signature: _____



Department of Surgery
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

Please make sure these funds are invested in the:

Enclosed is my gift of:

\$ _____