

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:

OFFICE OF UNIVERSITY DEVELOPMENT GIFT AND RECORDS ADMINISTRATION 3003 SOUTH STATE STREET, SUITE 8000 ANN ARBOR, MI 48109

REMINDER

FORMS MUST BE RECEIVED BY THE **GIFT AND RECORDS ADMINISTRATION OFFICE** BY THE

1ST DAY OF THE MONTH TO BE INCLUDED IN

THAT MONTHS PAYROLL DEDUCTION.

LAST NAME		FIRST NAME	M.I	UMID#	
HOME ADDRESS				EMAIL	
				FAYROLL DEDUCTION PER MONTH: OF THE MONTH FOR BI-WEEKLY PAID EMPLOYEES	5
BEGINNING:	MONTH_	YEAR _		ENDING (OPTIONAL) MONTH	YEAR
GIFT DESIGNATED	\$	FUND NAME	Botanical Ga	rdens and Arboretum Membership 310	447
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!

888.518.7888 TOLL FREE 734.647.6179 LOCAL