

Surgery Gift Form



In the pursuit of excellence, the Department of Surgery has always relied on private support. Today, the need for support is greater than ever. There is no more gratifying gift than one that improves the future of patient care, research and education in the field of Medicine.

I would like to become a **Partner in Caring** with the Department of Surgery.

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

name _____

address _____

city _____ state _____ zip code _____

phone _____ email _____

I would like to make a gift of \$100 \$250 \$500 \$750 \$1000 \$5000 Other \$ _____

***Please Indicate area of interest** _____

I have enclosed a check payable to the University of Michigan

Please charge my VISA Master Card Discover American Express

account # _____ expiration date _____

signature _____

I would like to make a pledge of \$ _____ over # _____ years beginning in ____ / ____ (mo/yr)

Pledge Signature _____ **Date** _____

*Your donation will go to the area of greatest need if no campaign is specified. 100% of your gift is tax-deductable (subject to the limitations placed on charitable gifts). You will receive a receipt from the University of Michigan mailed to the above address.

For more information about gift opportunities, please call the Development Office at 1-800-588-5844

special notes

Please mail to

Development Office
Department of Surgery, U of M
2101 Taubman Center
1500 E. Medical Center Dr.
Ann Arbor, MI 48109-0346



**University of Michigan
Health System**