



The Michigan Difference

# U-M EMPLOYEE GIFT PAYROLL DEDUCTION FORM

(Please type or print)

\_\_\_\_\_  
Last name                                      First name                                      Initial

U-M ID#: \_\_\_\_\_

Home address: \_\_\_\_\_

Work phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
City    State    Zip

I authorize the following:

Total gift of: \$ \_\_\_\_\_

Payroll deduction of: \$ \_\_\_\_\_ per month  
*(\$5 minimum)*

Number of months: \_\_\_\_\_  
*(5 month minimum)*

Beginning: Month \_\_\_\_\_ Year \_\_\_\_\_

Gift designated to fund: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required)*

### DEADLINE:

Form must be received by the Office of Gift Administration three (3) working days prior to the end of the month to be included in the next month's payroll deduction.

(Example: Deadline for April 2006 payroll deduction is March 29, 2006.)

**Please complete the above information and return to the following address:**

University of Michigan  
Office of Gift Administration  
3003 South State Street, Suite 8000  
Ann Arbor, MI 48109-1288

**For questions, please contact the Office of Gift Administration.**

Phone: (888) 518-7888 (Toll-free)  
(734) 647-7785 (Local)

### FOR OFFICE OF GIFT ADMINISTRATION USE ONLY:

ENTITY ID

PLEDGE ID

DAC Allocation/Shortcode

CAMPAIGN

UNIT

REUNION

TOTAL PLEDGE AMOUNT