



VICTORS FOR MICHIGAN

# 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 1<sup>ST</sup> DAY OF THE MONTH TO BE INCLUDED IN THAT MONTHS PAYROLL DEDUCTION.

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_

UMID# \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMAIL \_\_\_\_\_

I AUTHORIZE THE FOLLOWING PAYROLL DEDUCTION PER MONTH:  
\* GIFTS ARE DEDUCTED FROM 2<sup>ND</sup> PAY OF THE MONTH FOR BI-WEEKLY PAID EMPLOYEES

BEGINNING: MONTH \_\_\_\_\_ YEAR \_\_\_\_\_ ENDING (OPTIONAL) MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

GIFT DESIGNATED \$ \_\_\_\_\_ FUND NAME \_\_\_\_\_

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