



UM EMPLOYEE GIFT PAYROLL DEDUCTION FORM

(PLEASE TYPE OR PRINT)

U/M ID# _____
(REQUIRED)

LAST NAME _____ FIRST NAME _____ INITIAL _____

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)

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

(Ex: Deadline for Aug. 2005 payroll deduction is July 27, 2005.)

BEGINNING: MONTH _____ YEAR _____

GIFT DESIGNATED TO FUND: _____

SIGNATURE: _____ DATE: _____
(REQUIRED)

Donor: Please complete the above information and return to your Development Office.

FOR UNIT DEVELOPMENT OFFICE USE:

_____			_____		_____	
Unit Contact Person Name			Phone		Email	
[]			[]		[]	
ENTITY ID			PLEDGE ID		DAC Allocation/Shortcode	
[]	[]	[]	[]	[]	[]	[]
CAMPAIGN	UNIT	REUNION	TOTAL PLEDGE AMOUNT	PREMIUM DOLLAR VALUE		

UNIT DEVELOPMENT STAFF: Please provide any missing information and return to:
Office of Gift Administration
3003 South State Street, Suite 8000 1288

(888) 518-7888 toll free
(734) 647-7785 local