



CREDIT CARD AUTHORIZATION

Use this form for credit or debit card gifts to University of Detroit Mercy. Please indicate the frequency of your giving and the area you want your gift to support. Please print an extra copy of this form for your records.

GIFT INFORMATION

Designation (list dollar amount of payment(s) minimum \$20/payment)

\$_____ The Fund for UDM

\$_____ Other (specify) _____

Start Date: _____

How often? Monthly Quarterly Semi-Annually Annually
How long? Until I notify you to stop Number of payments _____
 Stop date _____

PAYMENT AUTHORIZATION

Credit card/debit card
 Visa Mastercard Discover American Express

Card Number _____ Exp. Date _____

Name on card _____

Signature _____ Date _____

MATCHING GIFTS *IRS guidelines state that matching gifts cannot be counted as part of an individual pledge.

I anticipate that my gifts will be matched by (specify company):

DONOR INFORMATION

Name _____

Street Address _____

City _____

State _____ Zip code _____

Telephone _____

Cell _____

Email _____

Alumna/us Yes No Grad Year _____

School _____

SPOUSE INFORMATION

Spouse Name _____

Email _____

Alumna/us Yes No Grad Year _____

School _____

Name at graduation _____

MAIL FORM TO:

University Advancement
University of Detroit Mercy
4001 W. McNichols Road, Detroit, MI 48221-3038
Telephone: 313-993-1250 • Fax: 313-993-1549
udmercy.edu/giving
Thank you for your gift.