



FACULTY AND STAFF COMMITMENT FORM

I am pleased to support the University of Detroit Mercy with the following commitment.

The Fund for UDM
 College, school, or program _____
 Other _____

ON-GOING PAYROLL DEDUCTION

I hereby authorize my employer, University of Detroit Mercy, to make regular deductions. A receipt for on-going payroll deduction participants will be sent at the end of the calendar year. Please select from the chart below.

Check One	Your Gift Equals	Bi-weekly Deduction for 26 Weeks
_____	\$ 100	\$ 3.85
_____	\$ 250	\$ 9.62
_____	\$ 500	\$19.24
_____	\$ 750	\$28.85
_____	\$1,000	\$38.47
_____	\$1,877	\$72.20
_____	Other	\$ _____

ONE-TIME GIFT OF \$ _____ . Receipts for one-time gifts are generated upon receipt of the gift.

You may make your gift online at www.udmercy.edu/giving or select from the following payment options:

Enclosed is a check made out to the University of Detroit Mercy.

Credit card:
 Visa Am Express MasterCard Discover
Account Number _____ Exp. Date _____

Stock or securities:
Type _____ No. of Shares _____ Transfer Date _____

Name _____

Street _____

City _____ State _____ Zip _____

Telephone _____ E-mail address _____

Social Security # (for payroll deduction) _____

Signature _____

Please provide me with more information about:

Including UDM in my estate plans The President's Cabinet Spouse's Matching Gift