

Name of company: ____

Please enclose matching gift form.

Gift Authorization

	Gift Designation \square The Fund for Detroit Mercy	r Detroit Mercy 🗌 Other	
UNIVERSITY OF	Check		
DETROIT	My one-time gift of \$ is enclosed.		
MERCY	Please make checks payable to University of Detroit Mercy.		
Build A Boundless Future	Credit/Debit I want to fulfill my gift one-time recurring (mm) \$ beginning (mm) Monthly Quarterly Seming seming	/yy)	
	Recurring gifts will be processed until cancelled.*		
	Credit Card Information		
	☐ Visa ☐ MasterCard ☐ Discover	American Express	
	Card Number	Exp Date	
	Name on card	Security code	
	Signature	Date	
DONOR INFORMATION Name Street Address City		Mail form to: University Advancement University of Detroit Mercy 4001 W. McNichols Road Detroit, MI 48221-3038	
StateZIP			
	Cell Phone	Questions?	
Alumna/us 🗆 Yes 🗆 No		Call 313-993-1250 or email giving@udmercy.edu	
☐ I prefer no Honor Roll listing. ☐ My gift should be credited to both my spouse and me.		* You can change or discontinue your recurring gift at any time by simply contacting University Advancement.	
Spouse's Name ☐ My gift is ☐ in honor of ☐ in memory of Name		** IRS guidelines state that matching gifts cannot be counted as part of an individual pledge.	
☐ My employer will matc	h this gift. **		

Thank you for your gift!