

Albert Hermalin Scholars Fund

Pledge Card



Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____

I/we pledge the sum of \$_____ and I/we designate our gift to the Albert Hermalin Scholars Fund. I/we understand that I/we will receive reminder notices.

Payment Frequency:

- First Payment Enclosed
- Monthly
- Quarterly
- Over a period of _____ Years
- OR
- First Payment Reminder Date: _____
- Semi-Annually
- Annually
- Beginning: _____

Month Year

Signature: _____ Date: _____

Note: You will receive an acknowledgement of your gift, and contributions are tax-deductible.

Albert Hermalin Scholars Fund

Gift Card



- Enclosed is my gift of: \$5,000 \$2,500 \$1,000 \$500
- \$300 \$250 \$100 \$50 Other \$ _____

Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Telephone _____

UM Alumnus/a _____ Yes _____ No

Check or Charges should be made in US Dollars

Check made Payable to the "University of Michigan"

Please charge my gift to:

- Visa Master Card American Express Discover

Account Number _____

Expiration Date: _____

306086 AG MMA00 ISR

Signature: _____