



name _____

address _____

city state zip _____

email _____

phone _____

department number _____

PAYMENT OPTIONS

Payroll deduction: (minimum deduction amount \$1)

I hereby authorize WMed Payroll to deduct the following as my gift to WMU Homer Stryker M.D. School of Medicine:

- \$ _____ per pay period
 maintain my current payroll deduction

Number of Pay Periods:

- continuous* 26 (one year) other _____

**payroll deductions will continue until I request cancellation*

- deductions may be adjusted or canceled at any time
- new deductions begin on July 1

- \$ _____ total, please deduct a one time gift

Online: med.wmich.edu/giving

Check: payment for \$ _____

Please make check payable to *WMU Homer Stryker M.D. School of Medicine* and submit with this card to:

*Western Michigan University Foundation
 Re: WMU Homer Stryker M.D. School of Medicine
 1903 W. Michigan Avenue, Kalamazoo, MI 49008-5403*

Credit card: payment for \$ _____

Visa MasterCard Discover

account # _____

3-digit verification code _____ expiration date _____

PLEDGE CARD MUST BE SIGNED:

signature _____

today's date _____



Use this pledge card for payroll deduction or to accompany your gift.

GIVING OPTIONS

Please direct my gift to the following:

- Endowed Scholarship
- General Endowment
- Unrestricted
- Departmental Endowment (select from the following):
 - Anesthesiology
 - Biomedical Sciences
 - Emergency Medicine
 - Family & Community Medicine
 - Medical Education
 - Medical Library
 - Medicine
 - Nursing and Clinical Support Services
 - Obstetrics & Gynecology
 - Orthopaedic Surgery
 - Pathology
 - Pediatric & Adolescent Medicine
 - Psychiatry
 - Radiology
 - Research
 - Simulation Center
 - Surgery
- Program Endowment (select from the following):
 - Biomedical Informatics
 - Medical Engineering
 - Medical Ethics, Humanities, and Law
- No preference
- Other (specify): _____
- Contact me

- Enclosed is a matching gift form from my and/or spouse's employer.
- Please send information on how to include WMed in my estate plan.
- I wish to remain anonymous in all donor listings.

Learn more about the opportunities of giving:

Al Shifflett III at 269.337.4483 or al.shifflett@med.wmich.edu

med.wmich.edu/giving