

2008 Women's Football Academy

Donor Information Form

Please photocopy for additional gifts.

Please Print and Use Pen

Title _____ First Name _____

Last Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Your relationship to the U-M:
(please select all that apply)

- This is My First Gift
- U-M Alumnus/Alumna
- Spouse of U-M Alumnus/Alumna
- Health System Patient or Friend
- Student
- Parent
- Donor (non-alumnus/a)
- U-M Faculty/Staff Member

How would you like your name(s) to appear on the receipt:

Which participant would you like your gift to support:

Donors can choose to be recognized on the Participant's pledge page.-- Please confirm how you would like to be recognized on the 'honor roll' scroll:

Recognition From: _____ Donor Name _____ Anonymous

Recognition Type: _____ In Honor of _____ In Memory of
 _____ In Support of _____ No Recognition Type

Recognition To: _____

Yes, I would like to show my donation amount scrolling on the participant's web page.

No, I would not like to show my donation amount scrolling on the participant's web page.

PAYMENT INFORMATION

Enclosed is my donation of: \$ _____ check # _____

**Mail check with this form to:
U-MCCC Office of Development
Women's Football Academy
301 East Liberty, Suite 130
Ann Arbor, MI 48104**

University of Michigan Comprehensive Cancer Center Tax ID Number: 38-6006309