

MICHIGAN INDOOR ROWING CENTER



Contribution Form

PERSONAL INFORMATION

NAME: _____ **SPOUSE NAME:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE NUMBERS:

HOME: _____ **MOBILE/WORK:** _____

EMAIL ADDRESS: _____

PAYMENT INFORMATION

Michigan Indoor Rowing Center, Account 801517

GIFT AMOUNT: _____

COMPANY MATCH ENCLOSED: _____

PAYMENT OPTIONS

- CHECK (payable to the University of Michigan)
- VISA MASTERCARD
- DISCOVER AMERICAN EXPRESS

CARD NUMBER: _____ **EXPIRATION DATE:** _____

SIGNATURE: _____
(required to set up a pledge)

PLEASE SEND CHECK ALONG WITH THIS FORM AND/OR COMPANY MATCHING FORM TO:

MICHIGAN ATHLETIC DEPARTMENT
ATTN: MARY WALKER
1000 SOUTH STATE STREET
ANN ARBOR, MI 48109-2201

IF YOU ARE MAKING A GIFT WITH CREDIT CARD, FAX THIS TO
MICHIGAN ATHLETICS, ATTN: MARY WALKER AT 734-763-6989