



**DETROIT  
MERCY  
DENTAL**

# Gift Authorization

## MY GIFT

Gift Designation  Dental General Fund      Other \_\_\_\_\_

### Check

My one-time gift of \$\_\_\_\_\_ is enclosed.  
Please make checks payable to University of Detroit Mercy.

### Credit/Debit

I want to fulfill my gift  one-time     recurring  
\$\_\_\_\_\_ beginning \_\_\_\_\_ (mm/yy)  
 Monthly     Quarterly     Semi-Annually

Please process my recurring gift on the:

- 1st Friday of the month
- 3rd Friday of the month

*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 \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Alumna/us  Yes  No    Grad Year \_\_\_\_\_

School/College \_\_\_\_\_

- I prefer no Honor Roll listing.
- My gift should be credited to both my spouse and me.  
Spouse's Name \_\_\_\_\_
- My gift is     in honor of     in memory of  
Name \_\_\_\_\_

My employer will match this gift. \*\*  
Name of company: \_\_\_\_\_  
Please enclose matching gift form.

## Mail form to:

University of Detroit Mercy  
School of Dentistry  
Office of Development  
2700 Martin Luther King Jr. Blvd.  
Detroit, MI 48208-2576

## Questions?

Contact Diana Lince  
Office: 313-494-6624  
Email: [lincedm@udmercy.edu](mailto:lincedm@udmercy.edu)

\*You can change or discontinue your recurring gift at any time by simply contacting University Advancement.

\*\* IRS guidelines state that matching gifts cannot be counted as part of an individual pledge.

**Thank you for your gift!**