



Alumni Association LEAD Scholars Program

Leadership. Excellence. Achievement. Diversity.



Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Name(s) for purpose of acknowledgement:

Gift in memory in honor of

Please contact me to discuss my gift

I have attached a matching gift form from my employer

Yes, I will make a gift!

Please see reverse for giving options.

Total gift: \$1,000 \$500 \$250 \$ _____

Please choose a payment option:

Check enclosed, payable to:

Alumni Association of the University of Michigan

Visa MasterCard Discover AmEx

Acct. # _____ Exp: ____/____

Signature: _____

Pledge, please bill me

Mail to: AAUM Gifts, 200 Fletcher St., Ann Arbor, MI 48109

Please indicate by amount or percentage where your gift should be designated. Gifts will benefit the general fund unless otherwise noted.

_____ General Fund

_____ African American Initiative

_____ Hispanic American Initiative

_____ Native American Initiative

_____ Women's Initiative

_____ Men's Initiative

_____ Carl Smith, Jr. Memorial Scholarship Fund sponsored by U-M Club of Greater D.C.

_____ **TOTAL**