make**WMed**

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

WESTERN MICHIGAN UNIVERSITY
—— Homer Stryker M.D. ——
SCHOOL OF MEDICINE

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

○ No preference

Name to be recognized:

○ In honor of   ○ In memory of

○ 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