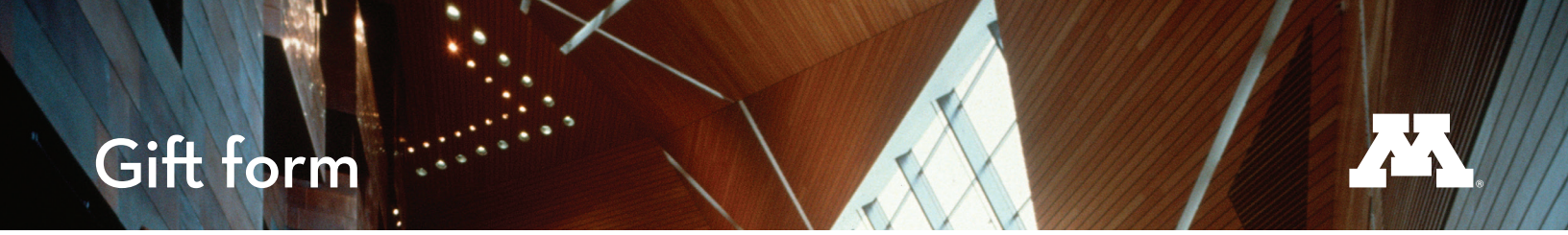

Gift form

Thank you for making a gift to the University of Minnesota. Gifts are made through the University of Minnesota Foundation, which will acknowledge and direct your gift to the program you designate.

Gift designation

This gift will be used for Parkinson's Disease Research in Neurology Fund 20959 *(Indicate name of fund, project, department/affiliate, scholarship, etc.)*

This gift is in ☐ memory of ☐ honor of _____

Notify _____ Address _____

Giving method

This commitment will be paid to the **University of Minnesota Foundation** in the following manner:

One-time

One-time gift in the amount of $ _____

Monthly

Please charge my credit card or deduct from my bank account $ _____ per month *($5 minimum per fund)*

Pledge

I (we) pledge $ _____ *(Minimum pledge is $250; Maximum payment schedule is five years)*

I (we) will make payments in the amount of $ _____ over _____ years, beginning _____ *(month, year)*

Enclosed is my first pledge payment of $ _____ ☐ Please do not send reminders

Payment method

☐ **Personal check made payable to the University of Minnesota Foundation is enclosed** *(For one-time gifts)*

☐ **Voided personal check is enclosed** *(For monthly gifts to be deducted from checking account)*

☐ **Credit card** *(For either one-time gifts or ongoing monthly gifts)*

Card number ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

M	M	Y	Y

Expiration date

Donor information

Please acknowledge and credit this gift in the following way:

_____
Name(s) as you wish them to appear

_____
Address

_____
City State ZIP

_____
Phone

_____
Signature (required) Date

Matching gifts

Does your employer match gifts to the U?

Your company _____

Not sure? Check at matchinggifts.com/umn

☐ I have enclosed the matching gifts form.

☐ I will send the form at a later date.

Return completed form to:

University of Minnesota Foundation
P.O. Box 860266
Minneapolis, MN 55486-0266

OEXX UMG GIFTF

* % R A B K J *

Referred from http://udall.umn.edu

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