



Robert F. Schoeni Research Professorship

Name: _____

Address: _____

Street

City

State

Zip

Phone: _____ Email: _____

Yes! Please recognize me (us) as a member of the Schoeni Professorship Leadership Committee.
My/Our name(s) should be listed as follows:

OUTRIGHT GIFT: My gift is to benefit the Robert F. Schoeni Research Professorship (701358)*

Yes, I'd like to make an outright gift in the amount of _____ by _____ (date).

- Checks may be made out to "University of Michigan".
- Please indicate Schoeni Professorship (701358) on your check.

PLEDGE: My pledge is to benefit the Robert F. Schoeni Research Professorship (701358)*

Yes, I'd like to make a difference with my pledge of \$_____ to be paid in _____
installments over _____ year(s). The schedule is as follows.

Amount	Date

I intend to recommend payments from my donor advised fund to be applied to my pledge.

Signature

Date

*Gifts to endowment will be administered as a permanent endowment under Michigan law and University policies.

To make a gift via other sources (stock, IRA, etc.), contact Henry Jewell at jewellhe@umich.edu

This form and your contribution may be mailed to:

ISR Office of Development | 426 Thompson Street, Suite 6006 | Ann Arbor, MI 48104