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.

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☐ 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