

ISR Donor Pledge Form

Name(s): Address:						
		Street				
		City		State	Zip	
Phon	e:		Email:			
	I (we	I (we) would like to pledge a multi-year gift to ISR.				
	Desig	Designation Name/Number*:				
	My (our) total pledge amount is: \$			to be paid in		
	instal	installments over year(s). The schedule is as follows:				
	Amo	punt	Date			
□lir	ntend to	recommend payment	s from my donor advised fu	ınd to be applied	to my pledge.	
Signature				Date		
*Gifts	to endov	vment will be administe	red as a permanent endowme	nt under Michigan	law and University policies.	

For questions, please contact <u>isr-development@umich.edu</u>.