



PLEDGE COMMITMENT

I/we are pleased to support University of Detroit Mercy with the following commitment*:

PLEDGE COMMITMENT

I/we would like to support University of Detroit Mercy by pledging the total sum of \$_____ that I/we would like to be used for:

- Unrestricted
- Restricted to: _____

PLEDGE PAYMENT SCHEDULE

I/we will be paying by:

- Credit card
- Check, personal
- Undecided

- Stock
- Check, company

With a payment schedule of:

Month and Year	Payment
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signature _____ Date _____

Name (s) _____

Street _____

City _____ State _____ Zip _____

Telephone _____ Cell _____

Business name _____ Business phone _____

Email _____

MAIL FORM TO:

University Advancement, University of Detroit Mercy, 4001 W. McNichols Road, Detroit, MI 48221-3038
Telephone: 313-993-1250 • Fax: 313-993-1549 • udmercy.edu/giving

*University of Detroit Mercy will provide periodic reminders about pledges.