

Department of Internal Medicine  
1000 Oakbrook Drive, Suite 100  
Ann Arbor, MI 48104



## Quest for Breath Annual Giving Circle

Please accept my membership gift of:

\$1,000 - Advocate Level       \$500 - Partner Level       \$250 - Friend Level

Please accept my non-membership gift of \_\_\_\_\_

Would you like to make this gift in memory or in honor of someone?

In memory of:       In honor of:

Please notify the following of tribute gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Enclosed is my check made payable to University of Michigan

I prefer to use my credit card for payment

Name as it appears on the card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I would like more information on how I can include the Quest for Breath Annual Giving Circle in my estate.

I would like to learn more about major/lead gift opportunities.

I would like to make a gift of securities.

I would like to host an education fundraiser in my home for the Annual Giving Circle.



**Thank you for joining the Quest for Breath annual giving circle and supporting our quest to find a cure for IPF and to provide better treatment options and support to IPF patients.**

For more information please contact the Development Team at the University of Michigan Health System at (866) 860-0026 or visit [www.questforbreath.org](http://www.questforbreath.org).