



Gift Certificate/Punchcard Payroll Deduction Form

Name: _____ UMICH Email: _____

Phone #: _____ EMPLID: _____

Total \$: _____

Signature _____ Date: _____

MHealthy must receive this completed form for your order to be completed.

Please submit this form via fax or in person to the fax number/address below. Call 734-975-3024 if you have any questions.

MHealthy
2850 S. Industrial, Suite 600
Campus Box 6773
Ann Arbor, MI 48104

FAX: (734) 975-3012 (dial all 7-digits)