

ANNUAL FUND
UNIVERSITY OF MIAMI

Yes! I/we want to help make the University of Miami one of the nation's great research universities.

Name: _____

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City: _____ State: _____

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Phone: _____ Class Year: _____

Email: _____

Please designate this gift to:

- UM's Greatest Need
- UM Scholarship Fund
- School/College Scholarship Fund _____
- School/College Greatest Need _____
- UM Study Abroad Program
- Graduate Fellowships
- Other _____

(Appeal Code: 10AFD-40000)

Method of Payment:

CREDIT CARD

- Please place a one-time charge on the credit card listed for the amount of \$_____.
- Please bill the credit card listed for the total amount of \$_____ to be paid in _____ monthly installments of \$_____ starting in ____/____ and ending in ____/____ (mo/yr).
- MasterCard VISA American Express Discover

_____ Exp. Date (mo/yr)

_____ Name as it appears on credit card

_____ Date (mo/day/yr)

CHECK

- I have enclosed my check, payable to the **University of Miami**

Please mail completed form and gift to:

**The Annual Fund
University of Miami
Post Office Box 025388
Miami, FL 33102-9811**

Please fax your completed form to:

1-305-284-3897

For additional information please call us:

1-866-862-5867 (Toll Free)

1-305-284-2872