

**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: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

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: 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  
Coral Gables, 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**