



**BUY A BRICK & PAVE THE WAY  
FOR QUALITY NURSING AND HEALTH SCIENCE EDUCATION  
AT THE UNIVERSITY OF MIAMI**

You or a group of individuals are invited to buy a brick in honor, memory, or celebration of a special nurse, UM graduate, colleague, friend, or family member. **Bricks are a great way to recognize a graduation, birthday, wedding, anniversary, or other special achievement!**

Your engraved brick will become a permanent part of Palm Courtyard, a lushly landscaped green leading from the south entrance of the Schwartz Center to the center of UM's Coral Gables campus.

Gifts of **\$250** will be recognized with **4" x 8" bricks** (1-3 lines of text, 14 characters per line). Gifts of **\$500** will be recognized with **8" x 8" bricks** (up to 6 lines, 14 characters per line). Bricks will be set in purchase order and unveiled each year at Homecoming.

Palm Courtyard will serve as an outdoor haven for students and faculty of the School of Nursing and Health Studies and a venue for Homecoming and other school functions year round.

The M. Christine Schwartz Center will provide a world-class learning environment for nursing and health science students for generations to come.

***Invest in the future of nursing and health studies at UM. Contribute to Palm Courtyard!***

**Gift Information**

Enclosed is my check in the amount of \$ \_\_\_\_\_ payable to *University of Miami School of Nursing and Health Studies*.

Please indicate "*Building Fund: Brick Campaign*" in the memo line.

Please charge \$ \_\_\_\_\_ to my:

I wish to pledge \$ \_\_\_\_\_ to be paid in \$ \_\_\_\_\_ installments:

MasterCard

Monthly

Visa

Quarterly

Discover

Semi-annually

American Express

beginning \_\_\_\_\_ of 20 \_\_\_\_\_.

My employer has a matching gift program. I have enclosed a matching gift form from its Office of Human Resources.

**Donor Information**

Card Number \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Name (please print) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_

**Inscription Information (14 characters per line)**

For 4" x 8" and 8" x 8" bricks:

Line 1 \_\_\_\_\_  
 Line 2 \_\_\_\_\_  
 Line 3 \_\_\_\_\_

Additional lines for 8" x 8" bricks:

Line 4 \_\_\_\_\_  
 Line 5 \_\_\_\_\_  
 Line 6 \_\_\_\_\_

Please send an acknowledgement to: Name \_\_\_\_\_  
 Address \_\_\_\_\_

**Please duplicate this form for additional bricks.**

**Please send form and payment to:**

University of Miami  
 Advancement Division  
 P.O. Box 025388  
 Coral Gables, FL 33102-9811

**For more information, contact:**

Laurie Reinhardt-Plotnik  
 Director of Advancement and Alumni Affairs  
 School of Nursing and Health Studies  
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 Coral Gables, FL 33143  
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***Thank you for your support!***