



UNIVERSITY OF MIAMI SCHOOL OF NURSING AND HEALTH STUDIES

**BUY A BRICK TO SUPPORT NURSING AND HEALTH STUDIES EDUCATION**

**An Invitation**

You can help pave the way for quality nursing and health science education by purchasing an engraved brick in honor, memory, or celebration of a special nurse, family member, UM graduate, colleague, or friend.

The M. Christine Schwartz Center for Nursing and Health Studies provides a world-class learning environment for nursing and health science students at the University of Miami.

**Location**

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 heart of UM's Coral Gables campus.

The Courtyard serves as an outdoor haven for students and faculty of the School of Nursing and Health Studies and a venue for Homecoming and Graduation as well as other University of Miami events year round.

**Contribute**

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.

Bricks are a great way to recognize a graduation, birthday, wedding, anniversary, or other special achievements!

**Contact Information**

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UNIVERSITY OF MIAMI SCHOOL OF NURSING AND HEALTH STUDIES  
**BUY A BRICK DONATION FORM**

**Yes,** I wish to purchase a 4" x 8" brick (\$250) or an 8" x 8" brick (\$500) for the Palm Courtyard.

Please send form and payment to: University of Miami Advancement Division, P.O. Box 025388, Coral Gables, FL 33102-9811. *Please duplicate form for multiple bricks.*

**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 \_\_\_\_\_