



UNIVERSITY OF MIAMI SCHOOL OF NURSING AND HEALTH STUDIES

**CONTRIBUTE TO THE FUTURE OF NURSING AND HEALTH STUDIES**

**An Invitation**

You are cordially invited to contribute an engraved glass plaque to the elegant Honor Wall in the M. Christine Schwartz Center for Nursing and Health Studies.

The Schwartz Center, a world-class education and research facility, supports the work of more than 40 nurse scientists and clinical educators and approximately 600 undergraduate and graduate students enrolled in the school's nursing and health science programs annually.

**Plaques**

Plaques are a wonderful way to recognize someone who has made a difference in your life, honor an exceptional nurse, or celebrate a special occasion while supporting nursing and health science education at the University of Miami.

**Contribute**

Glass plaques, 5" x 5" (up to 50 characters), may be engraved with a name or names for a gift of \$2,000. Glass plaques, 6" X 6" (up to 100 characters), may be engraved with personalized inscriptions for a gift of \$5,000. All gifts will benefit the Schwartz Center building fund.

**To Order**

Please complete the form on the following page and send to:  
University of Miami  
Advancement Division  
P.O. Box 025388  
Coral Gables, FL 33102-9811

**Contact Information**

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School of Nursing and Health Studies  
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UNIVERSITY OF MIAMI SCHOOL OF NURSING AND HEALTH STUDIES  
HONOR WALL PLAQUE DONATION FORM

*Yes*, I wish to purchase a 5" x 5" plaque (\$2,000) or a 6" x 6" plaque (\$5,000) for the Honor Wall.  
(Please duplicate form for multiple plaques)

**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: Plaque" 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**

Please inscribe the following name(s) on my 5" x 5" plaque (up to 50 characters):

\_\_\_\_\_

Please inscribe the following message on my 6" x 6" plaque (up to 100 characters):

Line 1 \_\_\_\_\_

Line 2 \_\_\_\_\_

Line 3 \_\_\_\_\_

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

Address \_\_\_\_\_

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