

UNIVERSITY OF MIAMI
COLLEGE of
ARTS & SCIENCES



Get in the Game!
Make a gift of any size by
March 31.

<Salutation>, all donations made to the
College of Arts & Sciences during the month of
March will be counted.

IndividualAddressee
PREF_ADDRESS1
PREF_ADDRESS2
PREF_CITY, PREF_STATE PREF_ZIP

CONSTITUENTID
APPEAL_CODE

UNIVERSITY OF MIAMI
COLLEGE of
ARTS & SCIENCES

P.O. Box 248002
Coral Gables, FL 33124



Yes! I want to support the College of Arts and Sciences with my gift.

My gift is: ASK1 ASK2 ASK3 ASK4 Other \$ _____

Please designate my gift for:

- College of Arts and Sciences (Greatest Needs) (440157)
- Department _____
- Student Travel Scholarships for Conferences/Research (404239)
- College of Arts and Sciences Central Scholarship Fund (404066)

- My check payable to the University of Miami is enclosed.
- Please charge my one-time gift of \$ _____ to the credit card listed.
- Please charge my credit card the total amount of \$ _____ to be paid in _____ monthly installments of \$ _____ beginning in ____/____ and ending in ____/____ (mo/yr).

VISA MasterCard American Express Discover

Card Number _____ Exp. Date _____

Name on Card (Name of Individual or Corporation) _____

Cardholder Signature _____ Date _____

McLamore Society Giving Levels:

Philanthropists	\$25,000 or more
Benefactors	\$10,000–\$24,999
Partners	\$5,000–\$9,999
Friends	\$2,500–\$4,999
Associates	\$1,000–\$2,499

Royal Palm Society Giving Levels:

Partners	\$500–\$999
Friends	\$250–\$499
Associates	\$100–\$249

Matching Gift:

My/ My spouse's company will match my gift.

Company name _____

Match amount \$ _____

Thank you!
Your gift before May 31, 2017,
in any amount is greatly appreciated.