



innovations
in mind

An Initiative to Define the Future of Health Care

THE UNIVERSITY OF TEXAS MEDICAL BRANCH

Gift Commitment in Support of Innovations in Mind

Commitment Information

I make the following commitment to the university as part of the Innovations in Mind fundraising initiative:

- \$ _____ toward construction of the Health Education Center.

Through my gift, I elect to name the following space in the center: _____

_____. The space should be named the: _____

- \$ _____ to the following program or fund: _____

Payment Information

- I make a pledge over the next _____ years (up to five).
- I will make my first installment by the following date: _____.
- Enclosed is my first installment of \$ _____.
- I will make a one-time gift.
- I will make my gift by the following date: _____.
- Enclosed is my gift.

I will make my gift by:

- Check
- Credit card
- Card type: _____
- Name on card: _____
- Card number: _____
- Expiration date: _____
- Billing address (if different than primary):*

Gift Recognition

- My gift may be publicized to encourage others to contribute.

Name as I wish it to be listed for recognition: _____

- Please treat this gift as anonymous.
- Please treat all my giving as anonymous.

Contact Information

Name: _____

Address: _____

E-mail: _____

Phone: _____

Signature

Name

Date