

Gift Commitment in Support of The University of Texas Medical Branch



Commitment Information

I/We make a \$ _____ commitment to
The University of Texas Medical Branch.

My/Our gift will be used to:

- Establish the following endowment:

- Support the following program or fund:

- Name a space on campus:

Building Name: _____

Room Location: _____

Recognition Information

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

Name as it should be listed for recognition:

- Please treat this gift as anonymous.
 Please treat all my/our giving to UTMB as
anonymous.

Payment Information

- I/We 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/We will make a one-time gift.

- I will make my gift by the following date:

- Enclosed is my gift.

- I/We will make my gift by credit card.

Name on Card: _____

Card No.: _____ Exp: _____

- Enclosed is my/our gift by check.

Please make check payable to "UTMB Health."

Contact Information

Name: _____

Address: _____

E-mail: _____

Phone: _____

Signature

Name

Date

Please return this Gift Commitment Form to your Development contact, or mail it to:
Development Office
301 University Boulevard
Galveston, TX 77555-0148
development@utmb.edu

Questions? Please contact Betsy Clardy, Vice President and Chief Development Officer, at (409) 772-1991.