

UNIVERSITY OF MIAMI
ANNUAL GIVING



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Please designate this gift to:

- UM's Greatest Need
- UM Scholarship Fund
- School/College Scholarship Fund _____
- School/College Greatest Need _____
- UM Study Abroad Program
- Graduate Fellowships
- Other _____

(Appeal Code: 13AFD-40000)

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- Please bill the credit card listed for the total amount of \$_____ to be paid in _____ monthly installments of \$_____ starting in ____/____ and ending in ____/____ (mo/yr).
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- I have enclosed my check, payable to the **University of Miami**

Please mail completed form and gift to:

**University of Miami
Advancement Division
Post Office Box 025388
Miami, FL 33102-9811**

Please fax your completed form to:

1-305-284-2484

For additional information please call us:

1-866-862-5867 (Toll Free) or 1-305-284-9200