



**University of Miami Miller School of Medicine**  
**Division of Nephrology & Hypertension**

Yes! I/We want to support the important initiatives in research, patient care and education conducted by University of Miami Miller School of Medicine's Division of Nephrology & Hypertension. Enclosed is my/our donation to one of the below initiatives in the amount of: \$ \_\_\_\_\_.

I/We would like to make a gift/pledge in the amount of \$ \_\_\_\_\_ beginning \_\_\_\_\_ 20 \_\_\_\_\_. My/Our pledge will be made in  monthly,  quarterly,  semi-annual, or  annual installments.

**Please make checks payable to: University of Miami**

Print Name: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone No: ( \_\_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please charge my donation to:  Visa  MasterCard  American Express  Discover Credit Card#: \_\_\_\_\_

Print Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please designate my funds to:**

- Division of Nephrology & Hypertension Unrestricted Gift Fund (302648)  Division of Nephrology & Hypertension Research Account
- William Way Anderson M.D. Chair in Nephrology  The Peggy and Harold Katz Drug Discovery Center
- Nephrology & Hypertension Fellowship Fund  Other \_\_\_\_\_
- I/We would like to make this gift as a tribute to: \_\_\_\_\_  In memory or honor of: \_\_\_\_\_
- Please send me/us information on estate gift planning and making a gift that provides an income for life.
- I/We have left the UM Division of Nephrology & Hypertension in my will or estate plans.
- I/We would like to host a reception to benefit the Division of Nephrology & Hypertension.

Please mail to: Angelique Grant, Ph.D., Division of Nephrology & Hypertension, P. O. Box 016960 (R-100), Miami, Florida 33101