College of Pharmacy Class of 2019 Pledge Drive

http://sites.utexas.edu/phralumni/giving/classpledge/

YES! I want to ensure the continued excellence of my College of Pharmacy by making a tax-deductible pledge that goes towards (pick one):

- I want to help establish the Class of 2019 Scholarship Endowment (Please place a #2 next to a 2nd option below in the event the $50,000 is not reached for an Endowment)
- The Student Professional Development Endowment
- Dean’s Excellence Fund
- A student organization (please specify which one: __________________________)
- Other __________________________

Typical giving levels range from $1,000 to $5,000 to be paid over 3 - 5 years; you don’t need to start paying until 2024! You may designate any amount, including $2,019 to commemorate your graduation year!

You can start paying your pledge right away or you can wait until later to start making your tax-deductible contributions – whatever works for you!

My total gift will be $_________ to be paid in increments as follows:

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$_________</td>
</tr>
<tr>
<td></td>
<td>$_________</td>
</tr>
<tr>
<td></td>
<td>$_________</td>
</tr>
<tr>
<td></td>
<td>$_________</td>
</tr>
<tr>
<td></td>
<td>$_________</td>
</tr>
</tbody>
</table>

Pledge Signature: ______________________________________ Date:____________

☐ I would like to honor a person or persons with my pledge. Honorees will receive a letter and be listed in the graduation program, unless you specify otherwise. (Provide the name(s) and address here):

__________________________________________________________________________________
__________________________________________________________________________________

☐ I would like to enclose my first pledge payment of $_________.

☐ Please mark this box if you DO NOT want your gift to be acknowledged in the graduation program.

IMPORTANT: Send this form to the following address by April 30, 2019 to make sure that your gift is acknowledged in the May graduation program:

The University of Texas College of Pharmacy
Development & Alumni Relations, ATTN: Elizabeth Cox
2409 University Avenue, A1900
Austin, Texas 78712-0120
OR email to: elizabeth.cox@austin.utexas.edu

EID: ______________________ Name: ______________________

Address after graduation: __________________________________________

Phone: (____ )_____________ Email: ________________________________