



A gift in support of the John Ritter Research Program in Aortic and Vascular Diseases

I, _____, am pleased to make a gift of \$_____ to The University of Texas Health Science Center at Houston (UTHealth) in support of the John Ritter Research Program in Aortic and Vascular Diseases.

Pledge Agreement

I, _____, am pleased to make a pledge of \$_____ to The University of Texas Health Science Center at Houston (UTHealth). The stated purpose of this pledge is to support the John Ritter Research Program in Aortic and Vascular Diseases conducted by Dr. Dianna Milewicz and her team. It is my intention to complete my obligation to this pledge over the next ____ year(s), on a (circle one: monthly / quarterly / annual basis), beginning in _____, 20__.

I further give permission to publicize my/our name, if doing so will encourage others to support the ongoing research, education, and patient care efforts of the university. Please initial below:

Yes

Primary Donor Signature

Secondary Donor Signature

Date

Date

When listing my/our name(s), please list as:

Address: _____
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Payment options:

- I have enclosed my check made payable to UTHealth.
- Please charge my gift to my credit card: Type (circle one): Amex MC Visa Disc

Credit Card Number: _____ Exp. Date: _____ CVV2 Code: _____

In honor/memory of: _____

Please send notification to: _____

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Accepted on behalf of The University of Texas Health Science Center at Houston by:

Kevin J. Foyle, MBA, CFRE
Vice President for Development

Return to: **UTHealth Office of Development**
Attn: Gift Processing
PO Box 1321
Houston, TX 77251-1321

For more information, please contact James Hughes at 713-500-5164