



Name/Organization \_\_\_\_\_

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

Daytime Telephone \_\_\_\_\_ Please accept my PLEDGE of \_\_\_\_\_

Please accept my DONATION:

Payable over \_\_\_\_\_ years

As a One Time donation

\_\_\_\_\_ Enclosed is my check payable to UHV \_\_\_\_\_ Please charge my \_\_\_ Visa \_\_\_ MasterCard

# \_\_\_\_\_ exp. \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_  
Signature of donor or representative of organization

**We want to know why you give: please provide us with a brief comment for our website that we may share with others.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Your support is greatly appreciated*

*Scholarship funds will be provided to UHV School of Nursing students.*

**Please mail checks to:**  
*University of Houston – Victoria  
Office of Advancement  
3007 North Ben Wilson  
Victoria, Texas 77901*