



**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: \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

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: \_\_\_\_\_

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

**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**  
7000 Fannin Street, Suite 1200  
Houston, TX 77030