



## ♥ LOVE BRIDGE BRICK ORDER FORM ♥

Yes, I / We want a **Love Brick** to support the 'Canes Health Assessment and Motivation Program. I would like to pledge (minimum donation of \$500) \$ \_\_\_\_\_

The Amount Enclosed is \$ \_\_\_\_\_ .

My pledge balance will be paid:

☐ Monthly ☐ Quarterly ☐ Semi-Annually

\$ \_\_\_\_\_ beginning (date) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

☐ My employer has a matching gift program. Employer's Name \_\_\_\_\_

Make Checks payable to University of Miami (Appeal Code 00632).

☐ Cash ☐ Check ☐ Mastercard  
☐ Visa ☐ American Express ☐ Discover

Account Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print name as on card \_\_\_\_\_

Signature \_\_\_\_\_

**Mail to Herbert Wellness Center, Attn: Love Bricks, 1241 Dickinson Drive, Coral Gables, FL 33146**

**For more information, call 305-284-8512 or email [wellnesscenter@miami.edu](mailto:wellnesscenter@miami.edu). Brochure designed by: Beth Kuebler.**

My gift is: ☐ In honor of ☐ In memory of

Please send an acknowledgement to the person below:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Carefully print your message below as it should appear on the brick  
 (21 characters per line)


UNIVERSITY OF MIAMI  
**PATTI & ALLAN HERBERT  
 WELLNESS CENTER**

