

Dean's Circle of Excellence

Membership Enrollment Form

Please enroll me as a:

- Loyal Member:** \$83.34 per month or \$1,000/yr for 5 years (\$5,000 total pledge)
- Leadership Member:** \$166.67 per month or \$2,000/yr for 5 years (\$10,000 total pledge)
- Lifetime member (select one):** \$416.67 per month or \$5,000/yr for 5 years (\$25,000 total pledge)
-OR- a planned gift of \$100,000+

I/We will fulfill my/our commitment in the following manner:

- Calling (877) 351-2377 to bill my credit card
- Visiting www.vetmed.ufl.edu/deans-circle
- Mailing a check to PO Box 100125, Gainesville, FL 32610

I/We will begin pledge payments on _____

Signature(s)

Date

Please acknowledge and credit this gift as follows:

Name(s) *(Please Print)*

Email(s)

Phone Number

Please send a pledge reminder (check one):

- Annually | Semi-Annually | Quarterly | Do not send me a pledge reminder

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