



THE ACADEMY OF
MEDICINE, ENGINEERING & SCIENCE
OF TEXAS

Thank You

*for being a part of TAMEST's vision of
securing the future of Texas as a national
leader in medicine, engineering and science.*

MY INFORMATION:

NAME (AS IT SHOULD APPEAR IN PRINT)

COMPANY/INSTITUTION

ADDRESS

CITY/STATE/ZIP

EMAIL

PHONE/FAX

I prefer to remain anonymous.

PLEASE RETURN PLEDGE CARD TO:

1616 Guadalupe Street, Suite 3.304

Austin, Texas 78701

Fax: 512.232.0694 | Email: tamest@austin.utexas.edu

*If you have any questions, please call us at
512.471.3823.*

SEE REVERSE FOR PAYMENT OPTIONS

TAMEST ANNUAL FUND (UNRESTRICTED)

TAMEST ENDOWMENT

My check is enclosed for \$ _____ .

For Endowment gifts only:

I would like to pledge \$ _____ ,

with the initial gift of \$ _____ enclosed,

and the remaining balance to be paid in _____

installments by _____ .

YEAR

*Secure credit card payments accepted online at
www.tamest.org/giving or by calling 512.471.3823.*

My organization will match my contribution.
Please contact me for further instructions.

(OPTIONAL) MY GIFT IS:

In Memory of In Honor of

NAME (AS IT SHOULD APPEAR IN PRINT)

Please send an acknowledgment card to
(amount of gift will remain confidential):

NAME

ADDRESS

CITY/STATE/ZIP

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