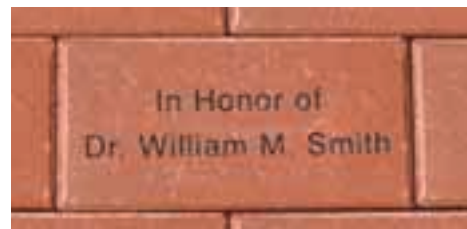


Alumni, friends, students, and parents have the unique opportunity to become an integral part of the University's growth. A beautiful brick walkway connects the north and south campus, and winds between the Basic Sciences and Health Sciences buildings. With a contribution of \$100, a special brick paver will be engraved with the name(s) of your choice. What a great way to honor friends or loved ones. Consider commemorating a graduation, birthday, or holiday. Your gift will provide lasting recognition of someone special for others to observe and enjoy along a path that signifies our continued growth and stature as a University.

Our state-of-the-art facilities provide learning, living, and discovery resources for our four professional schools. Your purchase of a commemorative brick will help support the University's ongoing growth and pave the way for future healthcare professionals. In addition to the recognition your engraved brick will bring, your gift to this program will also be recognized in the University's annual report.



Questions?

Contact RFUMS Development Office
at (847) 578-8391

Visit our Web site at www.rosalindfranklin.edu

Chicago Medical School

College of Health Professions

Dr. William M. Scholl
College of Podiatric Medicine

School of Graduate
and Postdoctoral Studies

DETACH HERE

COMMEMORATIVE BRICK PROGRAM ORDER FORM—ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE

Please print name(s) in upper and lowercase lettering, exactly as it should appear on your brick paver. Maximum of three lines with no more than 19 characters (including punctuation and spaces) per line. You will receive a proof to approve prior to engraving.

BRICK 1

BRICK 2

Name _____

Address _____

City _____ State ____ Zip _____

Daytime Phone _____

Number of Brick Pavers: _____ @ \$100 each (*fully tax deductible*)

Total Amount Enclosed: \$ _____

Enclosed is my check (*payable to Rosalind Franklin University*)

Please bill my credit card: Visa MasterCard

Account Number _____ Expiration Date _____

Cardholder's Name (*please print*) _____

Signature _____

I am not interested in the Commemorative Brick Program, but please accept my general contribution of \$ _____ .

DETACH HERE

INSERT ORDER FORM AND PAYMENT IN REPLY ENVELOPE, MOISTEN FLAP, AND SEAL. NO POSTAGE REQUIRED. THANK YOU FOR YOUR SUPPORT!