



UT Health

San Antonio

Greehey Children's Cancer Research Institute

AMBASSADORS' CIRCLE MEMBERSHIP FORM

Name: _____ Spouse Name: _____

Address: _____

Cell Phone: _____ Spouse Cell Phone: _____

Email: _____ Spouse Email: _____

(Circle One) Dr. Mr. Ms. Mrs. Drs. Mr. & Mrs. Other: _____

MEMBERSHIP NAME _____

MEMBERSHIP LEVEL:

\$125 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Checks - Payable to UT Health San Antonio, note Ambassadors' Circle

MONTHLY PAYROLL: \$11 \$21 \$42 \$84 \$209 \$417 \$834

Please enroll me in monthly payroll deduction payments. I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me, or my employment with the UT Health Science Center terminates. (12 equal payments rounded up to the nearest dollar respective to membership level)

My signature below authorizes UT Health San Antonio to initiate charges as indicated above.

Signature required for payroll: _____ Date: _____

PLEASE CHARGE MY CREDIT CARD: Annually Quarterly (Four equal payments, charged within the same calendar year of membership)

Cardholder Name: _____

Expiration Date: _____ Security Code #: _____ Credit Card Number: _____

Recurring credit card - I prefer the convenience and cost-effective method of automatically renewing my membership. Please charge the same gift amount annually to my credit card. I understand that I can cancel or edit this giving method at any time.

One-time credit card - I wish to receive annual renewal reminders, please process a one-time credit card payment only.

My signature below authorizes UT Health San Antonio to initiate charges as indicated above.

Signature required for credit card: _____ Date: _____

Donation is in Honor Memory of: _____

Please notify: _____

Please provide name and address

Cell Phone: _____ Email: _____

Email form to: GiftProcessing@uthscsa.edu

I am interested in learning how to use my IRA for charitable gifts



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