



PRESIDENT'S COUNCIL 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 (Choose one)

- checkbox \$1,500 checkbox \$2,500 checkbox \$5,000 checkbox \$10,000 checkbox \$15,000 checkbox \$20,000 checkbox \$25,000

DESIGNATION (Choose one)

- checkbox Unrestricted checkbox Dentistry checkbox Graduate checkbox Public Health checkbox Medicine checkbox Nursing checkbox South Texas

MONTHLY PAYROLL checkbox \$125 checkbox \$209 checkbox \$417 checkbox \$834 checkbox \$1,250 checkbox \$1,667

checkbox 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 UT Health San Antonio 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 checkbox Annually checkbox Quarterly (Four equal payments, charged within the same calendar year of membership)

Cardholder Name: _____ Expiration Date: _____

Credit Card Number: _____ Security Code #: _____

checkbox Recurring credit card - I prefer the convenience of automatic renewals. 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.

checkbox 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 checkbox Honor checkbox Memory of: _____

Please notify the following of my gift: _____

Cell Phone: _____ Email: _____

Address: _____

Checks payable to UT Health San Antonio, note President's Council; email form to: GiftProcessing@uthscsa.edu

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

Donate online: MAKELIVESBETTER.UTHSCSA.EDU/PCDONATE



SCAN HERE TO RENEW

UT HEALTH SAN ANTONIO - PRESIDENT'S COUNCIL