



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: _____

MEMBERSHIP LISTING

(As you wish it to appear in publication)

I designate my gift to the Greehey Children's Research Institute Ambassadors' Circle Fund.

PAYMENT OPTIONS

Check payable to UT Health San Antonio with the Ambassadors' Circle notation.

CREDIT CARD AUTHORIZATION (Choose one)

Please charge my credit card:

Annually: \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Quarterly: \$25 \$65 \$125 \$250 \$625 \$1,250 \$2,500

Cardholder Name: _____ Expiration Date: _____

Credit Card Number: _____ Security Code #: _____

I authorize UT Health San Antonio to initiate charges to my credit card as indicated above. This will remain in effect until UT Health has received written notification from me of its termination. I understand payments are recurring gifts that continue until written notice is received from me.

Signature: _____ Date: _____

PAYROLL DEDUCTION AUTHORIZATION (For UT Health San Antonio Faculty and Staff)

\$250 (\$21/month) \$500 (\$42/month) \$1,000 (\$85/month) \$2,500 (\$210/month)

I authorize UT Health San Antonio to initiate the monthly payroll gift deduction as indicated above. I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me or my employment terminates.

Signature: _____ Date: _____

I would like to make a donation in Honor Memory of _____

Please notify the following of my gift:

Name: _____ Phone: _____

Address: _____

Please email your form to Gift Processing at: GiftProcessing@uthscsa.edu or mail it to the address below.

PEOPLE. PASSION. PURPOSE.