

Cabinet Direct Debit Membership Form

Recurring Gift Membership Agreement

MEMBER INFORMATION

Name(s) _____

Street address _____

City _____ State _____ Zip _____

Cell _____ Business _____ Home _____

Preferred Email Address _____

I designate my gift to the:

Cancer Therapy & Research Center – Cabinet

MEMBERSHIP LEVEL: *(check one box)*

Partner's Circle

Sustainer's Circle

Director's Circle

Leadership Circle

Patron's Circle

Benefactor's Circle

Visionary's Circle

ANNUALLY or **MONTHLY**

\$1,500

\$2,500

\$5,000

\$10,000

\$20,000

\$35,000

\$50,000

\$125

\$209

\$417

\$834

\$1,667

\$2,917

\$4,167

(PLEASE CHOOSE EITHER MONTHLY OR ANNUALLY.)

BANK DRAFT OPTION *(please attach a voided check)*

I hereby authorize The UT Health Science Center at San Antonio to initiate debit entries to my bank account indicated below and the financial institution below, to debit the same to such account.

Financial Institution _____ Branch _____

City _____ State _____ Zip _____

Routing No. _____

Account No. _____

CREDIT CARD OPTION

I hereby authorize The UT Health Science Center at San Antonio to initiate monthly charges to my credit card.

Type of Card: AMEX MasterCard Visa

Name on Card: _____ Card Number: _____

Expiration Date _____ Security Code #: _____

This authority is to remain in full force and effect until The UT Health Science Center at San Antonio has received written notification from me of its termination in such time and manner as to afford The UT Health Science Center San Antonio a reasonable opportunity to act upon my request. This authority will remain in effect until I give a reasonable notification to terminate this authorization.

Signature _____ Date _____

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

Thank you for making lives better!