



Cabinet Membership Form

Name: _____
 Please print your name as you wish it to appear in publication.

Address: _____

City/State/Zip: _____

Phone: (Office) _____ (Home) _____ (Cell) _____

Email: _____

Spouse Phone: (Office) _____ (Home) _____ (Cell) _____

Spouse Email: _____

Indicate: Dr. / Mr. / Mrs. / Ms. / Mr. and Mrs. / Dr. and Dr. / Dr. and Mrs. / Mr. and Dr.

Membership Options:

- Partner's Circle (\$1,500 +)
- Sustainer's Circle (\$2,500 +)
- Director's Circle (\$5,000 +)
- Leadership Circle (\$10,000 +)
- Patron's Circle (\$20,000 +)
- Benefactor's Circle (\$35,000 +)
- Visionary's Circle (\$50,000 +)
- Other: _____

I'd like to make my donation in Honor Memory
 of _____

Please notify the following of my gift:

Name _____ Phone _____

Address _____

Payment Choices:

- Check enclosed
- Credit Card
- Direct Debit*
- Payroll Deduction*

* Visit <https://makelivesbetter.uthscsa.edu/ctrc/cabinetdonate> to donate online or download direct desposit and payroll deduction forms.

Please Charge My Credit Card: Annually Quarterly One-time

Circle One: VISA Mastercard American Express Discover

Cardholder Name: _____
 Please Print

Amount of Gift: \$ _____

Card Number: _____ Security Code # _____

Expiration Date: _____ Signature: _____