

CABINET 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 LISTING

(As you wish it to appear in publication)

MEMBERSHIP OPTIONS (Choose one)

- ☐ 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 _____

PAYMENT OPTIONS

- ☐ Check payable to UT Health San Antonio with the Cabinet notation.

CREDIT CARD AUTHORIZATION (Choose one)

Please charge my credit card:

- Annually: ☐ \$1,500 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ \$20,000 ☐ \$35,000 ☐ \$50,000
Quarterly: ☐ \$375 ☐ \$625 ☐ \$1,250 ☐ \$2,500 ☐ \$5,000 ☐ \$8,750 ☐ \$12,500

Cardholder Name: _____ Expiration Date: _____

Credit Card Number: _____ Security Code #: _____

My signature below authorizes UT Health San Antonio to initiate charges to my credit card as indicated above. I know that philanthropy is an essential element of the university's mission to make lives better. I understand that recurring gifts are fundamental in sustaining the continued success of the Cabinet, and that my donation is a recurring gift. I also understand that I can cancel this recurring gift at any time.

Signature: _____ Date: _____

- ☐ The efforts of our faculty and students are fueled by support from generous donors like you. But if you would like to opt out of the recurring giving option and continue to receive annual renewal letters and emails, please check this box.

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.

- ☐ Please email a payroll deduction form to me.

PEOPLE. PURPOSE. PROMISE.