

Cabinet Payroll Deduction Authorization Form

EMPLOYEE INFORMATION

Name (Last, First, M.I.) _____

Employee ID# _____ Title _____

Home address _____

City _____ State _____ Zip _____

Phone Cell _____ Business _____ Home _____

Home Email _____ Business Email _____

I designate my gift to the:

Cancer Therapy & Research Center – Cabinet

MEMBERSHIP LEVEL: *(check one box)*

Monthly Payment

- | | |
|--|---------|
| <input type="checkbox"/> Partner’s Circle (\$1,500+) | \$125 |
| <input type="checkbox"/> Sustainer’s Circle (\$2,500+) | \$209 |
| <input type="checkbox"/> Director’s Circle (\$5,000+) | \$417 |
| <input type="checkbox"/> Leadership Circle (\$10,000+) | \$834 |
| <input type="checkbox"/> Patron’s Circle (\$20,000+) | \$1,667 |
| <input type="checkbox"/> Benefactor’s Circle (\$35,000+) | \$2,917 |
| <input type="checkbox"/> Visionary’s Circle (\$50,000+) | \$4,167 |

Payroll deductions are allowed for full-time employees. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deductions.

AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the Office of Institutional Advancement and Payroll Services at The UT Health Science Center at San Antonio to initiate the monthly payroll gift deduction as indicated above.

I understand I may revoke this authorization at any time by giving both offices written notice.

I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me _____, or my employment with The UT Health Science Center terminates.

Signature _____ Date _____

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

Thank you for making lives better!