

**Automatic Monthly Deduction Authorization Agreement – School of Medicine**

**DONOR INFORMATION**

Name(s) \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_  
 Preferred Email Address \_\_\_\_\_

**GIFT FUND DESIGNATION**

- School of Medicine Annual Fund
- Student Education Enhancement Fund
- President’s Council – School of Medicine (Minimum \$1,000/\$84/month)
- Student Scholarships

**GIFT AMOUNT** *(check one box, gift is 100% tax-deductible)*

- \$300 (\$25/month)
- \$500 (\$42/month)
- \$1,000 (\$84/month)
- \$2,500 (\$209/month)
- Other Monthly Amount \_\_\_\_\_  
*(\$25/month minimum donation)*

*In most cases you can expect your deductions to begin during the current month's cycle provided we receive your authorization prior to the 15th. However, if your authorization arrives on or immediately following the 15th, please be aware that your first deduction may take as long as 30 days to begin.*

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

I hereby authorize The University of Texas Health Science Center at San Antonio to initiate debit entries to my (our) 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 (We) hereby authorize The University of Texas Health Science Center at San Antonio to initiate monthly charges to my (our) credit card indicated below.

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 University of Texas 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](mailto:GiftProcessing@uthscsa.edu)

***Thank you for making lives better!***