Direct Debit Monthly Deduction Agreement

DONOR	INFORMATION
	ress
	State Zip
	Business Home
Preferred I	Email Address
GIFT FU	IND DESIGNATION
□Preside	ent's Excellence Fund (\$84/month to this fund qualifies for President's Council Membership)
☐ Dentist	ry □ Graduate □ Health Professions □ Medical □ Nursing
□Barsho	p Institute □ CMHE □ CTRC □ Greehey CCRI □ Laredo □ RAHC
Other Fu	ınd:
MONTH	LY GIFT AMOUNT (Gift is 100% tax-deductible)
□\$25	□\$35 □\$50 □\$100 □\$200
•	onthly amount:
Other in	
In most cases you can e	xpect your deductions to begin during the current month's cycle provided we receive your authorization prior to the 15th. However, if you n or immediately following the 15th, please be aware that your first deduction may take as long as 30 days to begin.
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Thank you for making lives better!