



PRESIDENT'S COUNCIL 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 NAME _____

MEMBERSHIP LEVEL (Choose one)

- \$1,000 \$2,500 \$5,000 \$10,000 \$15,000 \$20,000 \$25,000

DESIGNATION (Choose one)

- Unrestricted Dentistry Graduate Health Professions Medicine Nursing South Texas

MONTHLY PAYROLL \$84 \$209 \$417 \$834 \$1,250 \$1,667

Please enroll me in monthly payroll deduction payments. I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me, or my employment with UT Health San Antonio terminates. (12 equal payments rounded up to the nearest dollar respective to membership level)

My signature below authorizes UT Health San Antonio to initiate charges as indicated above.

Signature required for payroll: _____ **Date:** _____

PLEASE CHARGE MY CREDIT CARD Annually Quarterly (Four equal payments, charged within the same calendar year of membership)

Cardholder Name: _____ **Expiration Date:** _____

Credit Card Number: _____ **Security Code #:** _____

Recurring credit card – I prefer the convenience of automatic renewals. Please charge the same gift amount annually to my credit card. I understand that I can cancel or edit this giving method at any time.

One-time credit card – I wish to receive annual renewal reminders, please process a one-time credit card payment only.

My signature below authorizes UT Health San Antonio to initiate charges as indicated above.

Signature required for credit card: _____ **Date:** _____

Donation is in Honor Memory of: _____

Please notify the following of my gift: _____

Cell Phone: _____ **Email:** _____

Address: _____

Checks payable to UT Health San Antonio, note President's Council; email form to: GiftProcessing@uthscsa.edu

I am interested in learning how to use my IRA for charitable gifts

Donate online: MAKELIVESBETTER.UTHSCSA.EDU/PCDONATE

PEOPLE. PURPOSE. PROMISE.

UT HEALTH SAN ANTONIO – PRESIDENT'S COUNCIL

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