



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 LISTING

(As you wish it to appear in publication)

PRESIDENT'S COUNCIL DESIGNATION *(Choose one)*

- Unrestricted
- Dentistry
- Graduate
- Health Professions
- Medicine
- Nursing
- Laredo
- South Texas

MEMBERSHIP LEVEL *(Choose one)*

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

Type of gift: *(Choose one)*

- One-time** – I wish to receive annual renewal reminders in the mail, please process a one-time payment only.
- Recurring** – I do not wish to receive annual renewal reminders in the mail, please sign me up for recurring giving.

As a loyal member of the President's Council, I prefer the convenience and cost effective method of recurring giving. Please charge the same membership amount annually to my credit card. I understand that I can cancel or edit this giving method at any time.

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 #: _____

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

Signature: _____ Date: _____

HONOR/MEMORIAM

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.

Checks payable to UT Health San Antonio with the President's Council notation.

PEOPLE. PURPOSE. PROMISE.