



# President's Council Membership Form

Name: \_\_\_\_\_  
*Please print your name as you wish it to appear in publication.*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Spouse Phone: (Office) \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Spouse Email: \_\_\_\_\_

Indicate: Dr. / Mr. / Mrs. / Ms. / Mr. and Mrs. / Dr. and Dr. / Dr. & Mrs. / Mr. & Dr.

**Membership Options:** (Gift is 100% tax deductible)

- President's Circle (\$10,000 +)
- Professors' Circle (\$5,000 +)
- Research Circle (\$2,500 +)
- Scholars' Circle (\$1,000 +)
- I designate my gift to the **President's Council Unrestricted Fund** - used for the President's greatest need to advance the University's missions  
**or** (you may only choose one)

I designate my gift to the Dean's Critical Needs Fund for the following:

- Dental
- Graduate
- Health Professions
- Medical
- Nursing
- South Texas
- Laredo

**Payment Choices:**

- Check
- Credit Card
- Direct Debit\*
- Payroll Deduction\*

\* Please visit <https://makelivesbetter.uthscsa.edu/pc> to donate online or download direct deposit and payroll deduction forms.

**Please Charge My Credit Card:**  Annually  Quarterly  One Time

Circle One:      VISA              Mastercard              American Express              Discover

Cardholder Name: \_\_\_\_\_  
*Please Print*

Amount of Gift: \$ \_\_\_\_\_

Card Number: \_\_\_\_\_ Security Code #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Enroll me in auto renewal.** I agree for my membership to be automatically renewed using the credit/debit card information provided, unless I give written 30-day notice before the expiration of my current membership.