



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. and Mrs. / Mr. and Dr.

Membership Levels: (Gift is 100% tax deductible)

President's Circle - \$50,000 \$25,000 \$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 join online, make a gift or to download direct deposit or payroll deduction forms.

Please Charge My Credit Card: Annually Quarterly One Time

Circle One: VISA Mastercard American Express Discover

Cardholder Name: _____

Amount of Gift: \$ _____ *Please Print*

Card Number: _____ Security Code #: _____

Expiration Date: _____ Signature: _____

Enroll me in auto renewal. I agree for my membership to be automatically renewed annually using the credit/debit card information provided.