



President's Council Membership Form

Please print your name as you wish it to appear in publication.

Name: _____

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.

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 school:

- Dental
- Graduate
- Health Professions
- Medical
- Nursing

Payment Choices:

- Check enclosed (payable to: UTHSCSA President's Council)
- Credit Card
- Please charge to my credit card in equal amounts quarterly.
- Online Giving (www.presidentscouncil.info)
- Payroll Deduction (please mail me a form)

Credit Card Information:

Circle One: VISA Mastercard American Express Discover

Cardholder Name: _____
Please Print

Amount of Gift: \$ _____

Card Number: _____
Please include the last 3 digits from the signature line on back of card; Amex, 4-digit number on front of card

Expiration Date: _____ Signature: _____