

President's Council Membership Form

**President's Council Memberships run on a calendar year.
(January 1 through December 31 of each year.)**

Name: _____

Address: _____

City/State/Zip: _____

Phone: (Cell) _____ (Work) _____ (Home) _____

Email (1st Choice): _____

Email (2nd Choice): _____

Spouse Name: _____

Spouse Phone: (Cell) _____ (Work) _____ (Home) _____

Spouse Email (1st Choice): _____

Spouse Email (2nd Choice): _____

Membership Listing: *(As you wish it to appear in publication)*

Payment Choices: *(Choose one)*

- Enclosed please find my check in the amount of \$_____.
- Enclosed please find my completed and signed Direct Debit Form.
- Enclosed please find my completed and signed Payroll Deduction Form.

Membership Levels: *(Choose one)*

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

President's Council Gift Designation: *(Choose one)*

- | | | | |
|---------------------------------------|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Unrestricted | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Graduate | <input type="checkbox"/> Health Professions |
| <input type="checkbox"/> Medicine | <input type="checkbox"/> Nursing | <input type="checkbox"/> Laredo | <input type="checkbox"/> South Texas |

Please Charge My Credit Card: *(Choose one)*

VISA Mastercard American Express

Cardholder Name: _____

Please Print

Credit Card Number: _____

Expiration Date: _____ Security Code #: _____

Signature: _____

If paying by credit card, you may email this form to: GiftProcessing@uthscsa.edu

To make your gift online, visit <https://makelivesbetter.uthscsa.edu/pcdonate>

Thank you for making lives better!