PRESIDENT'S COUNCIL
UT HEALTH SCIENCE CENTER®
SAN ANTONIO

President's Council Direct Debit Membership Form

Recurring Gift Membership Agreement

MEMBER INFORMATION

Name(s)_____

Street Address _____

City _____State _____ Zip _____

Cell _____Business _____Home_____

Preferred Email Address_____

PRESIDENT'S COUNCIL GIFT DESIGNATION *(check one box)*

☐ Unrestricted ☐ Dentistry ☐ Graduate ☐ Medical

☐ Nursing ☐ Health Professions ☐ Laredo ☐ South Texas

MEMBERSHIP LEVEL:

(check one box only)

ANNUALLY	or	MONTHLY
☐ $1,000		☐ $84
☐ $2,500		☐ $209
☐ $5,000		☐ $417
☐ $10,000		☐ $834

(Please choose either the monthly or the annual recurring payment option.)

BANK DRAFT OPTION *(please attach a voided check)*

I hereby authorize The UT Health Science Center at San Antonio to initiate debit entries to my (our) bank account indicated below and the financial institution below, to debit the same to such account.

Financial Institution _____ Branch _____

City_____ State _____ Zip _____

Routing No._____

Account No. _____

CREDIT CARD OPTION

I hereby authorize The UT Health Science Center at San Antonio to initiate monthly charges to my credit card.

Type of card: ☐ AMEX ☐ MasterCard ☐ Visa

Name on Card:_____ Card Number:_____

Expiration Date _____ Security #: _____

This authority is to remain in full force and effect until The UT Health Science Center at San Antonio has received written notification from me of its termination in such time and manner as to afford The UT Health Science Center San Antonio a reasonable opportunity to act upon my request. This authority will remain in effect until I give a reasonable notification to terminate this authorization.

Signature _____ Date_____

Please mail your form to Gift Processing at the address listed below or email it to: GiftProcessing@uthscsa.edu

Thank you for making lives better!