



UT Health

San Antonio

Greehey Children's Cancer Research Institute

AMBASSADORS' CIRCLE MEMBERSHIP FORM

Name: \_\_\_\_\_ Spouse Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Spouse Cell Phone: \_\_\_\_\_

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

MEMBERSHIP LISTING

(As you wish it to appear in publication)

I designate my gift to the Greehey Children's Research Institute Ambassadors' Circle Fund.

PAYMENT OPTIONS (Choose one)

Check payable to UT Health San Antonio with the Ambassadors' Circle Notation.

CREDIT CARD AUTHORIZATION (Choose one)

Please charge my credit card:

Annually: \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Quarterly: \$25 \$65 \$125 \$250 \$625 \$1,250 \$2,500

Cardholder Name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

I authorize UT Health San Antonio to initiate charges to my credit card as indicated above. This will remain in effect until UT Health has received written notification from me of its termination. I understand payments are recurring gifts that continue until written notice is received from me.

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

PAYROLL DEDUCTION AUTHORIZATION (For UT Health San Antonio Faculty and Staff)

\$250 (\$21/month) \$500 (\$42/month) \$1,000 (\$85/month) \$2,500 (\$210/month)

I authorize UT Health San Antonio to initiate the monthly payroll gift deduction as indicated above. I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me or my employment terminates.

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

I would like to make a donation in Honor Memory of \_\_\_\_\_

Please notify the following of my gift:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

PEOPLE. PASSION. PURPOSE.