

**The University of Texas Health Science Center at Houston Retiree Organization
UTHRO Annual Appeal
Gift and/or Pledge Donation Agreement**

I, _____, am pleased to make a gift of \$ _____ to The University of Texas Health Science Center at Houston (UTHSC).

I, _____, am pleased to make a pledge of \$ _____ to The University of Texas Health Science Center at Houston payable beginning _____ (date) in _____ (No. of installments) for _____ (years).

If cash, please make check payable to UTHSC.

Please charge my gift to my credit card (circle one): Visa Master Card Discover American Express

Acct. No.: _____ Exp. Date: _____ Amt to Charge: _____

As agreed upon, the stated purpose of this donation is for the benefit of the Brain Health Clinic at the Center for Healthy Aging.

Printed Name: Donor

Signature: Donor

Date

In honor/memory of (circle one): (Name) _____

Name/Address to receive Acknowledgement _____

When listing my/our name(s), please list as: _____

Address _____ City/State/Zip _____

Telephone _____ email _____

I further give permission to publicize my/our name, if doing so will encourage others to support the ongoing research, education, and patient care efforts of the university. Please initial below:

Yes

Accepted on behalf of The University of Texas Health Science Center at Houston by:

Elizabeth C. Frantz
Assistant Vice President, Advancement and Fundraising Programs