



**The University of Texas at Houston Retiree Organization
Endowment for Healthy Aging
Gift/Pledge Agreement**

I have enclosed a one-time gift of _____ .
(Please make your check payable to UTHealth or complete the attached credit card processing form.)

I, _____, am pleased to make a pledge of \$_____ to The University of Texas Health Science Center at Houston (UTHealth). The stated purpose of this pledge is to benefit The University of Texas at Houston Retiree Organization Endowment for Healthy Aging.

It is my intention to complete my obligation to this pledge over the next ____ year(s), on a (circle one: monthly / quarterly / annual basis), beginning in _____, 20____.

My donation is in memory/honor of: _____

Signature, Primary Donor

Signature, Secondary Donor

Printed Name, Primary Donor

Printed Name, Secondary Donor

Date

Date

Thank you for giving permission to publicize your name, doing so will encourage others to support the ongoing research, education, and patient care efforts of the university.

If you prefer for your name to not be publicized, please initial here: _____

NO

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

Accepted on behalf of UTHealth by:

Kevin J. Foyle, MBA, CFRE
Vice President for Development

UTHealth - Office of Development
7000 Fannin St., Suite 1200
Houston, TX 77030
713-500-3200 Fax: 713-500-3052



Credit Card Processing Form

This form should only be completed if you plan to fulfill your pledge using a credit card.

Name on Card: _____

Business Name (if using a corporate card): _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Credit Card Number: _____

Type (circle one): Amex MC Visa Disc Exp. Date: _____ CVV2 Code: _____

I authorize UTHealth to use my credit card to process my pledge payment(s) on a
(circle one: monthly / quarterly / annual basis) beginning on _____, 20____.

Authorizing Signature

Date

UTHealth - Office of Development
7000 Fannin St., Suite 1200
Houston, TX 77030
713-500-3200 Fax: 713-500-3052