

## **PRINTABLE GIFT FORM**

MY INFO:							
	Name:		Spot	ıse:			<del></del>
	Home Address:			City:		_State:	Zip:
	Email:		Hom	e Phone:			
	Cell Phone:		UTEI	D:			
GIFT INFO:							
	Designation:	UTSA Fund supports the areas o	of greatest need				
		Scholarships	in greatest need				
		The College of:					
		Other:					
		other:					
	My (or my spouse's) employer will match this gift! Matching gift form enclosed						
	This gift is in honor of:						
	This gift is in r	nemory of:					
	I'd like to learn r	nore about: President'	s Associates Pla	anned Giving			
PAYMENT I	INFO:						
	Gift Amount:						
	Cash or Chec		an Antonio"		RETURN TO:		
	please make checks payable to "The University of Texas at San Antonio"  Visa Mastercard Discover American Express				Gift Services		
	Card Number:			LAternative		ations ircle, San Antonio, TX 78249	
		Security				·	, , ,
		edit card in instal			QUESTIONS	?	
	Payroll Deduction: Amount of gift each paycheck \$				giving@utsa.edu.or.210-458-4130		
	•	ction. Amount of girt co					
	5.5. acare						
Note:							

Payroll deduction will remain in effect until revoked in writing by the employee to the Gift Services office.

An annual statement of your gifts will be automatically provided to you for tax purposes in January.

Your contribution is tax deductible to the extent allowed by law. Please consult with your tax advisor for further information.

## For Gift Services Office Use Only

Original must be fowarded to Payroll Office with a copy for processing purposes.

Date received: \_\_\_\_\_ End Date: \_\_\_\_

Date forwarded to UTSA: