

Name: _____

Department: _____ Empl ID: _____

Spouse/Partner: _____

Giving Designation:

\$ _____
\$ _____
\$ _____
\$ _____

Gift Options

- I made my gift online at <https://giving.uh.edu/uhcl>
- Please accept my check or cash gift of \$ _____
(Make checks payable to UHCL)
- Please accept my credit/debit card gift of \$ _____
 - VISA MasterCard American Express
 - One time Monthly for _____ months

Card #: _____ Exp Date: _____

If billing address is different than mailing address, please provide billing address below:

Signature: _____ Date: _____

Payroll Deduction Option

Your pledge will be deducted from the first payroll of each month.

\$ _____ Amount of monthly deduction (*\$2 minimum per month*)

- Please make my monthly deduction in perpetuity
- Month and year of first deduction: _____
Month and year of last deduction: _____

I am: Exempt Employee (Monthly payroll)
 Non-Exempt Employee (Bi-weekly payroll)

Payroll Authorization

I voluntarily authorize the above monthly deduction from my after-tax wages for a charitable contribution as indicated above. I understand that I may revoke this authorization at any time by giving University Advancement written notice.

Signature: _____ Date: _____