

## Cabinet Payroll Deduction Authorization Form

### EMPLOYEE INFORMATION

Name (Last, First, M.I.) \_\_\_\_\_

Employee ID# \_\_\_\_\_ Title \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Cell \_\_\_\_\_ Business \_\_\_\_\_ Home \_\_\_\_\_

Home Email \_\_\_\_\_ Business Email \_\_\_\_\_

#### I designate my gift to the:

Cancer Therapy & Research Center – Cabinet

#### MEMBERSHIP LEVEL: *(check one box)*

#### Monthly Payment

- |  |         |
|--|---------|
| <input type="checkbox"/> Partner’s Circle (\$1,500+)     | \$125   |
| <input type="checkbox"/> Sustainer’s Circle (\$2,500+)   | \$209   |
| <input type="checkbox"/> Director’s Circle (\$5,000+)    | \$417   |
| <input type="checkbox"/> Leadership Circle (\$10,000+)   | \$834   |
| <input type="checkbox"/> Patron’s Circle (\$20,000+)     | \$1,667 |
| <input type="checkbox"/> Benefactor’s Circle (\$35,000+) | \$2,917 |
| <input type="checkbox"/> Visionary’s Circle (\$50,000+)  | \$4,167 |

*Payroll deductions are allowed for full-time employees. This excludes hourly and part-time employees. Overtime hours cannot be used for payroll deductions.*

### AUTHORIZATION FOR PAYROLL DEDUCTION

I authorize the Office of Institutional Advancement and Payroll Services at The UT Health Science Center at San Antonio to initiate the monthly payroll gift deduction as indicated above.

I understand I may revoke this authorization at any time by giving both offices written notice.

I understand payroll deduction payments are recurring gifts that continue monthly until written notice is received from me \_\_\_\_\_, or my employment with The UT Health Science Center terminates.

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

Please email your form to Gift Processing at: [GiftProcessing@uthscsa.edu](mailto:GiftProcessing@uthscsa.edu) or mail it to the address listed below.

***Thank you for making lives better!***