



THE UNIVERSITY OF TEXAS AT EL PASO

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____

E-mail _____

Spouse _____

Campus Address _____

Campus Department _____

Campus Phone Number _____

Faculty Staff UTEP Alum

Please direct my gift/pledge to:

- UTEP Graduate Scholarships
- UTEP Undergraduate Scholarships
- College of _____
- Department of _____
- Division of _____
- UTEP's Greatest Need
- Other _____

Other Payment Methods

- Enclosed check (Payable to The University of Texas at El Paso)
- Credit Card Visa Mastercard Discover
- Card Number _____
- Expiration Date _____
- Name on Card _____
- Amount \$ _____
- Signature _____

Payroll Deduction

- Deduct the following amount each month as long as I am a member of the UTEP Family:
 - \$10 \$15 \$25 \$50
 - \$100 Other \$ _____

Authorization for Payroll Deduction

I authorize this deduction from my after-tax wage for a charitable contribution as indicated. I understand that deductions will begin with the next available pay period following this submission and will end with the completion of installments as indicated above. I also understand that I may adjust or revoke this authorization at any time with written notice to the UTEP Development Office.

UT EID _____ Date _____

Signature _____

Print and return completed form to:

The University of Texas at El Paso - UTEP Family Campaign
Kelly Hall, 7th Floor • 500 W. University Ave. • El Paso, TX 79968
Tel: 915.747.8533 • Fax: 915.747.8568 • <http://givingto.utep.edu>

