



Pledge Agreement – Payroll Deduction

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

_____.

I hereby authorize UTHealth to initiate a debit of my paycheck as a fulfillment of this pledge. This authorization will remain in effect for the term of my pledge, or until the university has received my written notification that it is to be discontinued, in such a time and manner consistent with university policies and procedures.

\$_____ per pay period X _____ consecutive pay periods = \$_____.

Signature

Employee Identification Number

Printed Name

Date

Mailing Address: _____

City: _____ State: _____ Zip: _____

I further give permission to publicize my/our name if doing so will encourage others to support the research, education, and patient care efforts of the university. Please initial if in agreement: _____.

When publicizing my/our name, please list as:

Accepted on behalf of UTHealth by:

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

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For Office Use Only
Project Number: _____