Count on me to STEP in to help!

Name _____

Address _____

City/State/ZIP _____

Phone (H) _____ (W) _____

E-Mail _____

Signature _____ Date _____

☐ **(A)** I prefer UHCO/FERV charge my gift to my credit card.

☐ **(B)** I prefer UHCO/FERV use electronic funds transfer from my bank account.

$10/mo	Red & White Club (new grads & students)
$25/mo	Bronze Cougar
$50/mo	Silver Cougar
$100/mo	Gold Cougar
$200/mo	President's Club
$250+/mo	Dean's Council

(A) CREDIT CARD AUTHORIZATION ENROLLMENT

Please charge my monthly gift in the amount of $ _____ to my

☐ **MasterCard** ☐ **Visa**

☐ **American Express** ☐ **Discover**

Name on Card _____

Card Number _____

Exp. Date _____

FORM CONTINUED ON REVERSE

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Count on me to STEP in to help!

(B) ELECTRONIC FUNDS TRANSFER AUTHORIZATION ENROLLMENT

Please debit my monthly gift in the amount

of $ _____

Bank Name _____

Branch _____

City/State/Zip _____

Routing # _____

Account # _____

☐ **Checking** ☐ **Savings**

☐ **I am returning a copy of my voided check to begin the process.**

This authority to remain in full effect until the University of Houston has received written notification from me of its termination in such time and in such manner to afford UH a reasonable opportunity to act on it.

A record of each monthly charge will appear on your statement and you will receive an official charitable tax receipt from UH at the end of the calendar year. You should anticipate the first transaction 30-45 days after we receive your authorization.

Mail Completed Enrollment Form to:

University of Houston College of Optometry
Office of Development
505 J. Davis Armistead Bldg.
Houston, TX 77204-2020
(713) 743-1284
gifts@optometry.uh.edu

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