Give to UTEP Donation Form

Name ____________________________________________
Spouse __________________________________________
Home Address _____________________________________
City ______________________ State _____ Zip ______
Phone ____________________________________________
E-mail ____________________________________________
☐ Faculty ☐ Staff ☐ Student ☐ Friend

Payment Methods
☐ Enclosed check (Payable to UTEP)

I would like to make a:
☐ One time gift ☐ Monthly Gift Starting on ___________
☐ Visa ☐ Mastercard ☐ Discover
Gift Amount: ☐ $25 ☐ $50 ☐ $100 ☐ Other $_______
Card Number _______________________________________
Expiration Date ______________________________________
Name on Card _______________________________________
Signature __________________________________________

Return completed form to:
The University of Texas at El Paso
Kelly Hall, 6th Floor • 500 W. University Ave. • El Paso, TX 79968
Tel: 915.747.8533 • Fax: 915.747.8568
Email: givingto@utep.edu

Give online:
givingto.utep.edu/givenow

Please direct my gift/pledge to:
☐ President’s Greatest Needs
☐ UTEP Graduate Scholarships
☐ UTEP Undergraduate Scholarships
☐ College of ________________________________
☐ Department of ________________________________
☐ Other _________________________________________

Payroll Deduction For: Faculty, Staff or Student Employee
Campus Address _________________________________
Campus Department ______________________________
Campus Phone _________________________________
☐ Deduct the following amount each month as long as I am employed or until further notice
☐ Or for the next _____ months
☐ $5 ☐ $15 ☐ $20 ☐ $25 ☐ $50 ☐ 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 Office of Asset Management and Development.

Empl ID Number __________________ Date _________
Signature _________________________________________