



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 _____