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Please direct my gift or pledge to (college, department, or other designation):

Special instructions:

Payment Options

Total gift amount: \$ _____

Check enclosed: Please make checks payable to The University of Texas at Austin.Charge to: MasterCard Visa Discover American Express

Account number: _____ Expiration date: _____ Name on card: _____

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Date: _____

Pledge PaymentsPlease bill my credit card \$ _____ monthly quarterly twice yearly
beginning the month of _____ for up to one year.Please send me a reminder to remit \$ _____ monthly quarterly twice yearly
beginning the month of _____ for up to one year. My or my spouse's company will match my gift. Company name: _____**Personal Information**Name: Dr. Mr. Mrs. Ms.

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Phone: _____

Email: _____

Mail form to:

The University of Texas at Austin
Gift Processing
PO Box 7458
Austin, Texas 78713-7458

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