



IN HONOR OF TODD WOLLENZIER

DONOR INFORMATION:

Name: _____ Spouse: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (Office) _____ (Home) _____ (Cell) _____

Email: _____ Date of Birth: _____

GIFT AMOUNT:

\$25 \$100 \$250 Other: _____

PAYMENT INFORMATION:

Check (payable to UTSA) Credit Card

Payroll Deduction: Amount of gift each paycheck \$ _____ for a total gift of \$ _____

MATCHING GIFT:

My (or my spouse's) company will match my gift. Employer _____

PLEASE BILL ME/CHARGE MY CREDIT CARD: One Time Quarterly Monthly

Circle One: VISA MasterCard Discover American Express

Cardholder Name: _____

Card Number: _____ Exp. Date: _____

Signature: _____ Date: _____

TO MAKE A CONTRIBUTION ONLINE:

1. Visit utsa.edu/give
2. Select "other" as your designation
3. Note "in honor of Todd Wollenzier"