



Refer a Coog Program

Referred By: _____ Referrer Account Number: _____

Your Name: _____ Your Phone: _____

Your Email: _____ Your Address: _____

Referral Benefits

Five (5) Priority Points for the Referrer (If the referral donates to the Cougar Fund)

The new Cougar Pride Member receives five (5) Priority Points plus One (1) for every \$100 Donated to Cougar Pride

Payment Options

Payment may be paid in full or on a monthly basis (Monthly commitments must be paid in full by June 30)

Full Monthly
(Processed on the 8th of each month)

Name (exactly as on your credit/debit card): _____

VISA MasterCard Discover American Express

Credit Card #: _____ Exp: ____/____

Address: _____

Signature: _____ Date: ____/____

On Behalf of Cougar Pride and student-athletes, thank you!

Cougar Pride | University of Houston | 3204 Cullen Blvd., Ste. 2004 | Houston, TX 77204

713-743-GoUH (4684) cpride@central.uh.edu