

Make a Gift Using a Bank Draft

Authorization Agreement for Electronic Gift Payments



Please complete this form, sign it, and mail it to the address below.

If you have questions, call (434) 924-7306.

University of Virginia
Office of Advancement
PO. Box 400331
Charlottesville, VA 22904-4807

Name _____

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ (mobile) _____ (work) _____

Email (we will not share your email address) _____

Please update my record

University of Virginia's greatest need \$ _____

UNIVERSITY PRIORITIES

Jeffersonian Grounds Initiative \$ _____

Provost's Fund for Faculty Excellence \$ _____

Scholarships \$ _____

President's Fund for Excellence \$ _____

SCHOOLS

School of Architecture* \$ _____

College of Arts & Sciences* \$ _____

Graduate School of Arts & Sciences* \$ _____

Frank Batten School of Leadership and Public Policy \$ _____

School of Continuing and Professional Studies \$ _____

Curry School of Education* \$ _____

Darden School of Business* \$ _____

School of Engineering and Applied Science* \$ _____

School of Law* \$ _____

McIntire School of Commerce* \$ _____

School of Medicine* \$ _____

School of Nursing \$ _____

University of Virginia College at Wise* \$ _____

UNIVERSITY PROGRAMS/SERVICES

Alumni Association \$ _____

Arts and Arts Grounds \$ _____

Center for Politics \$ _____

Global Education and Research on Grounds and Abroad \$ _____

Jefferson Scholars Foundation \$ _____

Miller Center \$ _____

Parents Fund \$ _____

President's Commission on Slavery and the University \$ _____

Research and Innovation \$ _____

Student Life and Leadership Fund \$ _____

University Library \$ _____

Virginia Athletics Foundation \$ _____

University of Virginia Health System

Cancer Center \$ _____

Children's Hospital \$ _____

Heart & Vascular Center \$ _____

Neurological Programs \$ _____

UVA Medical Center \$ _____

Other _____ \$ _____

Total Contribution \$ _____

**Your gift will go to the affiliated foundation for the school*

Bank Information:

I/we authorize the University of Virginia to initiate debt entries to my/our bank account established at:

Financial Institution _____

Address/Branch Office _____

City _____ State _____ Zip _____

Transit/ABA Number _____ Account Number _____

Type of Account Checking Savings **PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP.**

Gift Designation:

I/we wish to make monthly gift payments of \$ _____ posting to my/our account for a period of:

Please check one: 6 months 12 months 24 months 36 months until I request that you stop

Your gift deductions will begin 30 to 45 days after this initial authorization has been processed. Deductions will take place on or about the 10th day of each month. Your monthly bank statement will itemize the drafts when they occur. Gift receipts will be issued reflecting your gift designation choices.

This is a joint gift. Please also credit

(Name of spouse, school, and class year)

I wish to make this gift anonymously.

Matching Gift:

Gifts to the University through employer matching programs are credited to the donor and count towards eligibility in gift clubs. To find out if your company or your spouse's company matches gifts, contact your company's human resources department.

Does your company match gifts? Yes No

Matching gift company name _____

I have enclosed my employer's matching gift form.

Trusts and Estates:

I have included U.Va. or a related foundation in my bequest, estate plan, or charitable trust.

Authorization:

This authorization will remain in full force and effect until the University of Virginia has received written notification from me (or either of us) of its modification or termination in such time and in such manner as to afford the University of Virginia a reasonable opportunity to act on it.

Signature _____ Date _____

Signature, if joint account _____ Date _____

THANK YOU FOR YOUR GIFT.

