

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) 924-7018.

University of Virginia
 Attention: Gift Processing Services
 P.O. Box 400331
 Charlottesville, VA 22904-4331

Your Information:

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Please update my record.

SCHOOL FUNDS

- \$ _____ School of Architecture Foundation
- \$ _____ Batten School of Leadership and Public Policy
- \$ _____ College of Arts & Sciences
(The College Foundation)
- \$ _____ Graduate School of Arts & Sciences
(The College Foundation)
- \$ _____ School of Continuing and Professional Studies
- \$ _____ Curry School of Education Foundation
- \$ _____ Darden School Foundation
- \$ _____ University of Virginia Engineering Foundation
(SEAS)
- \$ _____ Law School Foundation
- \$ _____ McIntire School of Commerce Foundation
- \$ _____ School of Medicine
(Medical School Foundation)
- \$ _____ School of Nursing
- \$ _____ University of Virginia College at Wise Foundation
- \$ _____ Other _____
(Special instructions)

PAN-UNIVERSITY PROGRAMS AND SERVICES

- \$ _____ President's Fund for Excellence
 A University-wide resource to sustain excellence in teaching, research, and student life, and to provide support for emerging and critical needs.
- \$ _____ Provost's Fund for Academics and Research
 Provides support for curriculum development; faculty salaries, research, and travel; and centers and institutes, etc.
- \$ _____ Student Life and Leadership Fund
 Provides support for student government, student organizations, career services, student health, etc.
- \$ _____ AccessUVA
 Provides support for student financial aid.
- \$ _____ Alumni Association of the University of Virginia
- \$ _____ University of Virginia Art Museum
- \$ _____ Virginia Athletics Foundation
- \$ _____ Historic Buildings and Gardens
- \$ _____ University Library
- \$ _____ University Medical Center
- \$ _____ Miller Center of Public Affairs
- \$ _____ Parents Fund (non-alumni)

TOTAL CONTRIBUTION \$ _____

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 a gift of \$ _____ posting to my/our account for a period of:

Please check one: one-time 6 months 12 months 24 months 36 months until I request to stop

For one-time gifts, deductions will be charged upon receipt of this form. For recurring gifts, deductions will begin 30 to 45 days after this initial authorization has been processed. Deductions will take place on or about the 12th 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.



University of Virginia Gift Processing Services

211 Emmet Street South • PO Box 400331 • Charlottesville, VA 22904-4331

Phone: 434-924-7018 • Fax: 434-924-7032 • Email: uvagps@virginia.edu • www.giving.virginia.edu