

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: UA Services
 PO Box 400807
 Charlottesville, VA 22904

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 14026
- \$ _____ Frank Batten School of Leadership and Public Policy 15633
- \$ _____ College of Arts & Sciences (The College Foundation) 92153
- \$ _____ Graduate School of Arts & Sciences (The College Foundation) 92054
- \$ _____ School of Continuing and Professional Studies 11733
- \$ _____ Curry School of Education Foundation 30001
- \$ _____ Darden School Foundation 06002
- \$ _____ School of Data Science 19975
- \$ _____ University of Virginia Engineering Foundation (SEAS) 94000
- \$ _____ Law School Foundation 03492
- \$ _____ McIntire School of Commerce Foundation 00192
- \$ _____ School of Medicine (Medical School Foundation) 07295
- \$ _____ School of Nursing 12755
- \$ _____ University of Virginia College at Wise Foundation 03490

\$ _____ **Other** _____
 (Special Instructions)

UNIVERSITY PRIORITIES

- \$ _____ Bicentennial Scholars Fund (Matched) 21543
- \$ _____ Provost's Fund for Academic Excellence 19203
- \$ _____ Jeffersonian Grounds Initiative 15581
- \$ _____ Student Health & Wellness Center 22006

PAN – UNIVERSITY PROGRAMS/SERVICES

- \$ _____ Alumni Association of the University of Virginia 00044
- \$ _____ UVa Arts Fund for Artistic Excellence 19188
- \$ _____ Center for Politics 12284
- \$ _____ Contemplative Sciences Center 19254
- \$ _____ Global Education and Research on Grounds and Abroad 19188
- \$ _____ Jefferson Scholars Foundation 16794
- \$ _____ Memorial to Enslaved Laborers at the University 21582
- \$ _____ Student Life and Leadership Fund 13829
- \$ _____ Miller Center of Public Affairs 10854
- \$ _____ Parents Fund 00139
- \$ _____ Research and Innovation 16603
- \$ _____ Student Life and Leadership Fund 13829
- \$ _____ University Library 04168
- \$ _____ Virginia Athletics Foundation 03491
- \$ _____ University Medical Center 70002

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 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.

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 Advancement Services