

# 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 37963  
 Boone, IA 50036

**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 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.**