

UVA Health System
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) 924-1015.

Gift Accounting
Office of University Development
University of Virginia
P.O. Box 400807
Charlottesville, VA 22904-4807

Your Information:

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

SCHOOL FUNDS

\$ _____ School of Medicine
(Medical School Foundation)

\$ _____ School of Nursing

PAN-UNIVERSITY PROGRAMS AND SERVICES

\$ _____ Medical Center

\$ _____ Other _____

(Special Instructions)

TOTAL CONTRIBUTION \$ _____

In order to provide for the general support of the UVA Health System and its affiliates, 5% of each gift installment will be designated for unrestricted operating funds of the School of Medicine, School of Nursing, or the Medical Center.

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.

Recognition:

Information about our giving levels and societies can be found at the following web site:

<http://www.healthsystem.virginia.edu/internet/development/Give/recognition.cfm>

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.



UVA Health Foundation