

# 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) 924-7018.

University of Virginia Gift Processing Services  
PO Box 400331  
Charlottesville, VA 22904-4331  
uvagps@virginia.edu  
434-924-7018

#### 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 10<sup>th</sup> 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://healthfoundation.virginia.edu/recognition-societies-0>

**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