

# UNIVERSITY AT BUFFALO GIVING FORM

# BOLDLY BUFFALO

THE CAMPAIGN FOR UB

### Gift Agreement

Please accept my gift of \$ \_\_\_\_\_.

Please use this gift for:

- UB Fund
- Department, program or fund name: \_\_\_\_\_

Signature\* \_\_\_\_\_

### Personal Information

First Name\* \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name\*

E-mail\* \_\_\_\_\_ Telephone (Area Code)\* \_\_\_\_\_

Street 1\* \_\_\_\_\_ Street 2 \_\_\_\_\_

City\* \_\_\_\_\_ State or Province\* \_\_\_\_\_ Zip or Postal Code \_\_\_\_\_

Country if other than U.S. \_\_\_\_\_

- I am giving jointly with my spouse/partner. \_\_\_\_\_  
Spouse/Partner's Name

### Payment Method:

- My one-time gift is enclosed (payable to UB Foundation, Inc.).
- Charge my entire gift to my credit card.

\_\_\_\_\_  
Name (as it appears on your credit card)\*

\_\_\_\_\_  
Credit Card Number\*

\_\_\_\_\_  
Month/Year Expiration Date\* Security Code\*†

\_\_\_\_\_  
Signature\*

† 3-digit code Visa, MC, Discover; 4-digit code AMEX

\*Required

- Make this an installment gift in the amount of \$ \_\_\_\_\_  
Credit Card\*\*  Monthly  Quarterly  
Bill Me  Monthly  Quarterly

\$5 minimum charge.  
\*\*Credit cards are charged on/around the 15th of each month.

- I would like to make this gift in honor/memory of someone.  
(Please complete information on reverse side.)

- My/my spouse/partner's employer will match my gift.  
Employer: \_\_\_\_\_  
For more information: buffalo.edu/giving/matching

- I would like to learn more about including UB in my will.

You can make your gift online at [buffalo.edu/campaign](http://buffalo.edu/campaign).  
You can make your gift over the phone by calling toll free  
855-GIVE-2-UB.



Please mail or fax this form to:  
University at Buffalo Foundation Inc.  
PO Box 730  
Buffalo, NY 14226-0730  
Fax: 716-645-3475

# HONOR/MEMORIAL GIFTS

# BOLDLY BUFFALO

THE CAMPAIGN FOR UB

- My gift is in honor of:
- My gift is in memory of:

---

**Please notify the following person of my honor/memorial gift:**

---

First Name*	Middle Name	Last Name*
-------------	-------------	------------

---

Street 1*	Street 2
-----------	----------

---

City*	State or Province*	Zip or Postal Code
-------	--------------------	--------------------

*\*Required*



**Please mail or fax this form to:**  
University at Buffalo Foundation Inc.  
PO Box 730  
Buffalo, NY 14226-0730  
**Fax:** 716-645-3475