

**Faculty and Staff Giving Form**

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

Please use this gift for:

- UB Fund
- Department, program or fund name:

**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

**Payroll Deduction:**

I hereby authorize the payroll office of:  State of New York-UB  UB Foundation  Research Foundation  FSA  
to deduct \$ \_\_\_\_\_ biweekly for \_\_\_\_\_ pay periods for a total pledge of \$ \_\_\_\_\_  
OR \$ \_\_\_\_\_ biweekly continuously until further notice.  
Date deduction to begin \_\_\_\_\_ (subject to payroll processing deadlines)  
This is a:  new pledge  additional pledge  change to an existing pledge

Signature of Employee Date

*We will distribute a copy to the designated payroll office.*

**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](http://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/giving](http://buffalo.edu/giving).  
You can make your gift over the phone by calling toll free  
1-855-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

YOUR GIFT  
*matters.*



### Honor/Memorial Gifts

- 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