



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

You can make your gift online at 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*