

Giving to UB » DONATION FORM



I am giving \$ _____ to the University at Buffalo.

How should we use this gift?

- Area of greatest need
- School, department, program or fund name:

For ideas on where to allocate your gift, visit www.giving.buffalo.edu.

What prompted you to make this gift? Check all that apply:

- I was solicited by mail.
- I was solicited by telephone.
- I was solicited by e-mail.
- I was contacted in person by _____.
- Other reason: _____

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.		

If you know your UB I.D. or person number, print it here: _____.

Your I.D. or person number may be found on the label of any UB mail you've received. It is not required but it would help us process your gift.

Please check all that apply:

- This is my first gift to UB.
- Parent of UB Student
- UB Alumna/Alumnus
- UB Faculty/Staff Member
- UB Student
- Business/Organization
- Pay gift with monthly installments.
Installment amount \$ _____ every month.
- Make this a recurring gift: Monthly Quarterly Annually
- This is a pledge payment.
- I am giving jointly with my spouse/partner.
Spouse/partner's name: _____
- This is a corporate gift.
Company name: _____
- My/my spouse's employer will match my gift.
Employer: _____
For more information: www.giving.buffalo.edu/matching
- My gift is in honor of: _____
- My gift is in memory of: _____
Your relationship to individual(s): _____
- Please notify the following person of my honorary or memorial gift:

First Name*	Middle Name	Last Name*
_____		_____
E-mail*	Telephone (Area Code)*	
_____	_____	
Street 1*		Street 2
_____		_____
City*	State or Province*	Zip or Postal Code
_____	_____	_____

*Required

Payment Method:

- My check is enclosed (payable to UB Foundation, Inc.).
- Charge my entire gift to my credit card.
- Monthly credit card payments: \$ _____/month \$10 minimum).
Payments will be charged on the 15th of each month beginning
_____ (MO./YR.) and ending _____ (MO./YR.).
 Visa Mastercard American Express Discover
- _____
- Name (as it appears on your credit card)*
- _____
- Credit Card Number*
- _____
- Security Code*† _____ Month/Year Expiration Date*
- _____
- Signature*
- † 3-digit code Visa, MC, Discover; 4-digit code American Express
- I would like to learn more about including UB in my estate plans.

You can make your gift online at www.giving.buffalo.edu.
You can make your gift over the phone by calling 716-645-3011.



Please mail or fax this form to:
Cindy Johannes
University at Buffalo Foundation
PO Box 730
Buffalo, NY 14226-0730
Phone: 716-645-8720
Fax: 716-645-3475