

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*

LOYAL BLUES LEVELS

Guardian

\$5,000+

Champion

\$2,500-\$4,999

Leader

\$1,000-\$2,499

Advocate

\$500-\$999

Patron

Gifts up to \$499

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*†

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

*Required

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.

☐ 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.



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*



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