

## 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  QuarterlyBill 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.

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