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.

❑ UB Alumna/Alumnus

❑ UB Student

❑ Parent of UB Student

❑ UB Faculty/Staff Member

❑ 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.

University at Buffalo
The State University of New York

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