

# 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](http://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](http://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](http://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

