

# 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+

Advocate  
\$500-\$999

Champion  
\$2,500-\$4,999

Patron  
Gifts up to \$499

Leader  
\$1,000-\$2,499

## 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/campaign](http://buffalo.edu/campaign).

You can make your gift over the phone by calling toll free 1-855-GIVE-2-UB.

Make this a monthly gift of \$ \_\_\_\_\_ until further notice.

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](http://buffalo.edu/giving/matching)

I would like to learn more about including UB in my will.



Please mail this form to:

University at Buffalo Foundation Inc.  
PO Box 730  
Buffalo, NY 14226-0730

# 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*



**Please mail this form to:**  
University at Buffalo Foundation Inc.  
PO Box 730  
Buffalo, NY 14226-0730