

UNIVERSITY AT BUFFALO FACULTY STAFF GIVING FORM

BOLDLY BUFFALO

UB FACULTY STAFF CAMPAIGN

Gift Agreement

Please accept my gift of \$_____.

Please use this gift for:

UB Fund

Department, program or fund name: _____

Employee digital signature*

Date

We will distribute a copy to the designated payroll office, if paying via payroll deduction.

*If you choose the payroll deduction option, you must print out the form and sign it before submitting to UBF.

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

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 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.

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.



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

UB FACULTY STAFF CAMPAIGN

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*