



## Gift Agreement

Please accept my gift of: \$ \_\_\_\_\_

Please use this gift for:

UB Fund

Department, program or fund name: \_\_\_\_\_

Signature\*

## Personal Information

First Name\*

Middle Name

Last Name\*

Email\*

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: \_\_\_\_\_

## Payment Method

For Payroll Deduction, please complete reverse side.

My one-time gift is enclosed (payable to UB Foundation, Inc.).

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 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.

## Credit Card Payment

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

# LEAD THE CHARGE

2024-2025 FACULTY STAFF GIVING

# TOGETHER, FORWARD



## Payroll Deduction

I hereby authorize the payroll department of:  State of New York  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)

new pledge  additional pledge  change to an existing pledge (We will distribute to the designated payroll office)

Signature of Employee \_\_\_\_\_

Date \_\_\_\_\_

## Gift Information

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

You can make your gift online at [buffalo.edu/giving](https://buffalo.edu/giving).

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



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

More information regarding charitable organizations can be obtained by contacting the New York State Office of the Attorney General at <https://ag.ny.gov/> or by calling (914) 422-8700.