

Make a Gift Using a Bank Draft

Authorization Agreement for Electronic Gift Payments



MEDICAL ALUMNI ASSOCIATION
MEDICAL SCHOOL FOUNDATION

Please complete this form, sign it, and mail it to the address below.
If you have any questions, call (434) 924-1734 or (866) 315-0947.

UVA Medical School Foundation
P.O. Box 37963
Boone, Iowa 50037

YOUR INFORMATION

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____ E-mail _____

Please update my record.

GIFT ALLOCATION

\$ _____ Annual Fund

\$ _____ Class Fund for _____ (year)

\$ _____ Other _____

\$ _____ Other _____

\$ _____ Other _____

TOTAL CONTRIBUTION \$ _____

BANK INFORMATION

I/we authorize the UVA Medical School Foundation to initiate debt entries to my/our bank account established at:

Financial Institution _____

Address/Branch Office _____

City _____ State _____ Zip _____

Transit/ABA Number _____ Account Number _____

Type of Account: Checking Savings PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP.

GIFT DESIGNATION

I/we wish to make monthly gift payments of \$ _____ posting to my/our account for a period of:

Please check one: 6 months 12 months 24 months 36 months until I request that you stop

Your gift deductions will begin 30 to 45 days after this initial authorization has been processed. Deductions will take place on or about the 10th day of each month. Your monthly bank statement will itemize the drafts when they occur. Gift receipts will be issued reflecting your gift designation choices.

This is a joint gift. Please also credit

(Name of spouse, school, and class year)

I wish to make this gift anonymously.

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MATCHING GIFT

Gifts to the UVA Medical School Foundation through employer matching programs are credited to the donor and count towards eligibility in gift clubs. To find out if your company or your spouse's company matches gifts, contact your company's human resources department.

Does your company match gifts? Yes No

Matching gift company name _____

I have enclosed my employer's matching gift form.

TRUSTS AND ESTATES

I have included the UVA Medical School Foundation in my bequest, estate plan, or charitable trust.

AUTHORIZATION

This authorization will remain in full force and effect until the UVA Medical School Foundation has received written notification from me (or either of us) of its modification or termination in such time and in such manner as to afford the UVA Medical School Foundation a reasonable opportunity to act on it.

Signature _____ Date _____

Signature, if joint account _____ Date _____

THANK YOU FOR YOUR GIFT.