

# 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 800776  
Charlottesville, VA 22908-0776

### 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 debit 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.

(next page)

**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.**