

UNIVERSITY AT BUFFALO GIVING FORM

Pledge Form

Donor Name(s) _____

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to support the University at Buffalo by providing a commitment of \$ _____

When paid, this gift is to be used for *(include specific details directing use and administration of gifts)*:

Special Instructions: _____

It is my/our intent that this commitment be paid as follows:

Desired Payment Period: 5 years 4 years 3 years 2 years 1 year Other _____

Reminder Months: March June September December Other _____

Send Reminders: Semi-annually Annually Other _____

Donor Recognition: Individual Joint I prefer to remain anonymous

Donor Signature _____ Date _____

Donor Signature _____ Date _____

Signature of Vice President for University Advancement *(required only for gifts greater than \$10,000)*

All gifts to benefit the University at Buffalo are tax deductible and should be directed to the University at Buffalo Foundation Inc., a not-for-profit corporation in the State of New York organized to support the fund-raising activities of the University at Buffalo and an organization described in Internal Revenue Code 501(c)(3).

Account Name (UB Foundation Use Only)

Account Name (UB Foundation Use Only)



Please mail or fax this form to:

University at Buffalo Foundation Inc.
PO Box 730
Buffalo, NY 14226-0730
Fax: 716-645-3475