



MONTHLY INSTALLMENT PROGRAM BANK ACCOUNT ENROLLMENT FORM

Please print this page, complete and send or fax to:

U.Va. Fund
c/o Jennifer Bonenfant
PO Box 400314-4314
211 Emmet Street
Charlottesville, VA 22904
or fax: 434-243-9080

Personal Information:

Name: _____
 Home Address: _____
 City/State/Zip: _____
 Home Phone: _____
 Email Address: _____

Employment Information:

Company: _____
 Job Title: _____
 Work Address: _____
 City/State/Zip: _____
 Work Phone: _____

Bank Information:

I authorize the Alumni Association to initiate debit entries to my/our bank account established at the financial institution indicated below:

Financial Institution: _____ Address/Branch Office: _____
 Account Number: _____ Transit/Routing Number: _____
 Type of Account: Checking Savings
 (MUST ATTACH A VOIDED DEPOSIT SLIP)

Gift Designation:

I/We wish to make monthly gift payments of \$_____ posting to my/our account.
 For a period of: 6 months 12 months 24 months 36 months until I request that you stop

For recognition in various Gift Clubs, the University operates on a fiscal year running from July 1 to June 30. Each monthly gift payment will be recognized in the fiscal year in which it was received.

Please direct my gift as follows:

- | | |
|---|---|
| \$_____ School of Architecture | \$_____ President's Fund for Excellence |
| \$_____ College/Graduate Arts & Sciences | \$_____ University of Virginia, General Need |
| \$_____ School of Continuing & Professional Studies | \$_____ Historic Buildings & Gardens |
| \$_____ Curry School of Education Foundation | \$_____ Non-Alumni Parents Program |
| \$_____ Darden School Foundation | \$_____ University Art Museum (Bayly) |
| \$_____ Virginia Engineering Foundation | \$_____ University Library |
| \$_____ Law School Foundation | \$_____ University Medical Center |
| \$_____ McIntire School of Commerce Foundation | \$_____ University of Virginia Alumni Association |
| \$_____ School of Medicine | \$_____ Virginia Student Aid Foundation |
| \$_____ School of Nursing | \$_____ Women's Center |
| \$_____ University of Virginia College at Wise Foundation | \$_____ Other: _____ |

\$_____ TOTAL OF CONTRIBUTIONS



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Accreditation:

Should your spouse also receive credit for these gifts? yes no

Matching Gifts:

Many employers offer a matching gift program that can double or even triple your gift, and you will receive credit for your employer's contribution. To find out if your company or your spouse's company matches gifts, contact the company's human resources department.

Does your company match gifts? yes no

Company name: _____

Authorization:

This authorization will remain in full force and effect until the University of Virginia Fund 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 University of Virginia Fund a reasonable opportunity to act on it.

Signature

Signature, if Joint Account

Privacy Statement:

Information provided on this form will be used by the University of Virginia Fund solely for the purpose of crediting you correctly for your gift. Personal information contained in the University of Virginia Fund's records will not be shared with outside parties.